



Student Registration Form

All information is confidential unless otherwise noted.

| Office Use Only | | |
|-----------------|-------|------------|
| Intake Date | | Start Date |
| Tutor | Class | LACES |

CONTACT INFORMATION

| | | |
|----------------|------------|----------------|
| Last Name | First Name | Middle Initial |
| Street Address | | |
| City | State | Zip Code |
| Email | | |
| Home Phone | Cell Phone | Work Phone |

PERSONAL INFORMATION

| | | |
|---|---|---|
| Date of Birth | Ages of children/grandchildren at home if applicable | Schools your children attend |
| Marital Status: | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated |
| | <input type="checkbox"/> Never married | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | <input type="checkbox"/> Gender non-conforming; preferred pronouns: _____ | |
| Race/Ethnicity: | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |
| | <input type="checkbox"/> Two or more races | <input type="checkbox"/> Other: _____ |
| Number of household members | | |
| What is your total annual household income? | | |
| <input type="checkbox"/> 0 to \$23,475 | <input type="checkbox"/> \$39,974 to \$48,225 | <input type="checkbox"/> \$64,725 to \$72,975 |
| <input type="checkbox"/> \$23,475 to \$31,725 | <input type="checkbox"/> \$48,225 to \$56,475 | <input type="checkbox"/> \$72,975 to \$81,225 |
| <input type="checkbox"/> \$31,725 to \$39,975 | <input type="checkbox"/> \$56,475 to \$64,725 | <input type="checkbox"/> Other _____ |

| | |
|-------------------------------------|--------------------------------|
| Emergency Contact Name/Relationship | Emergency Contact Phone Number |
|-------------------------------------|--------------------------------|

FOR IMMIGRANT STUDENTS ONLY

| | | |
|-------------------|--------------------------------|-----------------------|
| Country of Origin | Native Language if not English | Length of Time in USA |
|-------------------|--------------------------------|-----------------------|



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FOR CITIZENSHIP STUDENTS ONLY

Date You Became a Permanent Resident _____ Expiration Date on Card _____

Have you applied for your citizenship before? ☐ Yes ☐ No

If so, what parts of the test did you fail, and how many times?

Have you ever been fingerprinted? _____

Have you even been detained by any authority? _____

Have you ever had a misdemeanor or felony? _____

WORK HISTORY

Employment Status: ☐ Full-time ☐ Part-time ☐ Retired ☐ Not looking for work
☐ Employed with separation notice
☐ Unavailable for work; reason: _____

Employer (if applicable) _____ Job Title _____ Length of Time in this Position _____

EDUCATIONAL HISTORY

Last Grade Completed: ☐ N/A ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☒ HS Diploma
☐ Associate's Degree ☐ Some College ☐ BS/BA Degree ☐ MA/MS/Professional Degree ☐ Doctorate

Where did you go to school? _____

Did you miss a lot of school? ☐ Yes ☐ No Did you repeat any grades in school? ☐ Yes _____ ☐ No

What were your best subjects? _____

What were your worst subjects? _____

What, if any, difficulties did you have in school?

Note any special testing or help you received in school:

ADDITIONAL INFORMATION

What interests/hobbies/skills do you have?

Where do you most want to use the skills you will learn with Chatham Literacy?

How did you find out about our program?

SOCIAL NEEDS

What is your living situation?

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I am worried about losing it in the future
- ☐ I do not have a steady place to live

In the past 60 days, was there a time when you were not able to pay your mortgage, rent, or utility bills?

- ☐ Yes
- ☐ No

In the past 60 days, how often did the food you bought not last, and you didn't have enough money to get more?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

In the past 60 days, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- ☐ Yes
- ☐ No

How often have you not felt safe around friends and family?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

STUDENT GOALS

As a student of Chatham Literacy, what would you like to accomplish (ex: pronunciation, communication skills, etc.)

AVAILABILITY FOR TUTORING

When are you available? Please enter times below—see the example in Saturday evening’s box.

| Day of the Week | Mornings | Afternoons | Evenings |
|-----------------|----------|------------|-------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | 5 to 8 p.m. |

WRITING SAMPLES

Please write down something that happened to you or something that you did today in English.

Please write down something that happened to you or something that you did today in your native language if other than English.



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STUDENT WAIVERS

I freely give Chatham Literacy permission to share my information with its tutors to better aid in my future instruction.

☐ Yes ☐ No

I freely give Chatham Literacy permission to share my information with Central Carolina Community College (CCCC) for referral purposes if needed. ☐ Yes ☐ No

I freely give permission to Chatham Literacy and grant providers to use my image in marketing and/or grant related materials. ☐ Yes ☐ **Only from behind (no face showing)** ☐ No

We ask that each student complete at least 3 hours of volunteer work for Chatham Literacy each year the student is enrolled. Volunteer work may include participation in Chatham Literacy events, community events, tutoring events, etc. The enrollment of the student is dependent on the acceptance of this condition. Check with the student coordinator if you have any questions or concerns. ☐ Yes ☐ No

ATTENDANCE AND COMMITMENT TO LEARNING

I understand the following expectations and responsibilities:

- I will be committed to coming to class **on time**.
- I will call my tutor **at least one day in advance** if I need to miss a class or **two hours in advance in the event of an emergency**.
- I will call or text the Chatham Literacy Student Coordinator at 919-742-0578 **if I cannot reach my tutor**.
- I will call or text the Chatham Literacy Student Coordinator at 919-742-0578 if I need a schedule change, am concerned about my lessons, or need to discontinue tutoring.
- I will tell my tutor if I do not understand something or want help in a different way.
- I will work toward achieving my short and long term goals in and out of class when possible.

I understand that Chatham Literacy reserves the right to discontinue my tutoring services if I cannot follow the attendance and commitment to learning policy.

Student Signature

Date

Chatham Literacy Staff Member

Date

ASSESSMENT OBSERVATIONS and SCORES:

| | |
|------------------------------|------------------------------|
| Pre Assessment Date: | Post Assessment Date: |
| CASAS Form # Level: | CASAS Form # Level: |
| Initial Raw Score: | Post Raw Score: |
| Initial Scale Score: | Post Scale Score: |
| Post Assessment Date: | Post Assessment Date: |
| CASAS Form # Level: | CASAS Form # Level: |
| Post Raw Score: | Post Raw Score: |
| Post Scale Score: | Post Scale Score: |
| Post Assessment Date: | Post Assessment Date: |
| CASAS Form # Level: | CASAS Form # Level: |
| Post Raw Score: | Post Raw Score: |
| Post Scale Score: | Post Scale Score: |
| Writing: | |
| Conclusions / Comments: | |
| Interviewer: Name | |