STUDENT INFORMATION

INDIVIDUAL: ☐ New ☐ Returning

NAME: _____
(first) (middle initial) (last)

ADDRESS:

STREET _____ APT# ____

CITY _____ STATE ____ ZIP _____

EMAIL (please include this only if you regularly check your email):

_____

PHONE: Preference: ☐ Phone ☐ Text ☐ Email

PH# _____

Emergency Contact Name: _____

Relationship _____ PH# _____

Demographics:

Date Of Birth (mm/dd/yyyy) _____

Race/Ethnicity (please check one):

☐ American Indian/Alaskan Native
☐ Asian/Indian
☐ Black/African American
☐ Hispanic
☐ Native Hawaiian/Pacific Islander
☐ White
☐ Other than this above _____

Gender:
☐ Male
☐ Female

Marital Status:
☐ Married ☐ Divorced
☐ Single ☐ Widowed

Military Veteran?
☐ Yes ☐ No

U.S. Citizen? ☐ Yes ☐ No

Disability : _____

INFO/LANG:

Last grade completed? ____ Name of School _____

Country of origin: _____

Native Language: _____

Number of years of formal English instruction? _____

For High School Equivalency program:

What was the last grade completed? _____

Did you receive additional academic help in school?

☐ Yes ☐ No

FOR CLC PERSONNEL ONLY: **STATUS** _____

ENTRY DATE_____ **DROP DATE**_____

Photo ID: ☐ Registration fee: ☐ Receipt given: ☐

DATA:

EMPLOYER _____

OCCUPATION _____

☐ Full time
☐ Part time
☐ Unemployed

HOUSEHOLD INCOME (approximate):

☐ Under $23,550 per year
☐ Between $23,551—$62,799
☐ Over $62,800 per year

Number of People living in household:

Adults _____ Children (under 18) _____

GOALS:

☐ Greater Involvement in Children's schooling
☐ Improve current job pay/responsibilities
☐ Improve English Skills
☐ Improve Math Skills
☐ Improve Reading Skills
☐ Improve Speaking skills
☐ Obtain Citizenship

Other _____

REFER:

☐ Southwest College
☐ Employer
☐ Friends/Family
☐ Library
☐ DeNeuville
☐ Other _____

☐ Dollar General
☐ Facebook
☐ *Internet Search*
☐ United Way
☐ CLC Website
☐ Compass Intervention Center

I authorized the release of my photograph for CLC use: ☐ Yes ☐ No

Signature: _____

PRIVACY POLICY: (QUEST)

Test scores cannot be made available to third parties without the signed consent of the test taker. I understand that the staff and tutors of the Collierville Literacy Council will have access to my test scores for educational and record-keeping purposes. In addition, I authorize the Collierville Literacy Council to reveal my scores to the following person(s):

Do you wish to share your scores with anyone else: ☐ Yes ☐ No

If YES, please list below:

NAME: _____

RELATIONSHIP _____

SIGNATURE: _____