

Today's Date: \_\_\_\_\_



## Student Intake Form 2020 – 2021

1	Last Name	MI	First Name	Prefix
2	<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	<input type="checkbox"/> ESL <input type="checkbox"/> Basic Literacy	Social Security Number (write last 4 digits only) XXX-XX-	
3	<b>Gender: How do you identify?</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate (mm/dd/yy)	Country of Birth	
4	Address: _____		Street	Apartment #
	City	State	Zip Code	
5	<b>Ethnicity (must select one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<b>Race (must select one)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or More Races	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
6	<b>Highest Education Level (circle highest year completed)</b> 0 – (no school)   1   2   3   4   5   6   7   8   9   10   11   12 <input type="checkbox"/> No High School Diploma <input type="checkbox"/> Some college/university, no degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> College/University or Professional Degree <input type="checkbox"/> GED <input type="checkbox"/> Graduate Degree			<b>Where was this highest educational/level degree attained? (check one)</b> <input type="checkbox"/> In the USA <input type="checkbox"/> Not in the USA
7	<b>Language Proficiency</b> <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Creole <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other _____			<b>Read and write in your native language?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
8	<b>Student Contact Information-</b>  Cell Phone: _____  Other Phone (Home/Work): _____  Email Address: _____		<b>Emergency Contact Information-</b>  Contact Name: _____  Relationship: _____  Phone Number: _____	
	<b>Can we leave a voicemail?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Can we text your cell phone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>May we leave voicemail?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>May we text this person?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
9	<b>Employment Status</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Retired <input type="checkbox"/> Part Time <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed-Seeking Employment <input type="checkbox"/> Unemployed –Not Actively Seeking Employment		<b>Employer Name/Company Name:</b> <i>(Do you work for a company? What is the company's name? Are you self-employed?)</i>	

10	<b>Town of Employment</b> <input type="checkbox"/> Stamford <input type="checkbox"/> Bridgeport <input type="checkbox"/> Greenwich <input type="checkbox"/> Port Chester <input type="checkbox"/> New Canaan <input type="checkbox"/> Other: _____ <input type="checkbox"/> Norwalk <input type="checkbox"/> Not Applicable <input type="checkbox"/> Darien <i>Please list all the towns where student works</i>	<b>Occupation</b> <input type="checkbox"/> Childcare <input type="checkbox"/> Manufacturing <input type="checkbox"/> Clerical <input type="checkbox"/> Professional <input type="checkbox"/> Construction <input type="checkbox"/> Sales <input type="checkbox"/> Healthcare <input type="checkbox"/> Service ( <i>waiter, dishwasher</i> ) <input type="checkbox"/> Housekeeper <input type="checkbox"/> Technical <input type="checkbox"/> Landscaper <input type="checkbox"/> Student <input type="checkbox"/> Other: _____			
11	<b>Household Annual Income:</b> <input type="checkbox"/> \$10,000 or less <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,000 +	<b>Individual Income: How are you paid?</b> <input type="checkbox"/> Annually    \$_____ per year <input type="checkbox"/> Hourly    \$_____ per hour <input type="checkbox"/> Weekly    \$_____ per week <input type="checkbox"/> Monthly    \$_____ per month <input type="checkbox"/> Bi-Monthly    \$_____ per 2 weeks <input type="checkbox"/> Other:    \$_____			
12	<b>Reason for Enrolling</b> <input type="checkbox"/> Improve Basic English Skills (ESL) <input type="checkbox"/> Obtain Employment <input type="checkbox"/> Retain Employment <input type="checkbox"/> Increase Involvement in Children’s Schooling <input type="checkbox"/> Participate in Parenting Education <input type="checkbox"/> Enter College or Post-Secondary Training <input type="checkbox"/> Earn Citizenship <input type="checkbox"/> Enter Training Below Post-Secondary level (e.g. GED) <input type="checkbox"/> Other _____				
13	<b>Are you using English to access community resources?</b> <i>(Examples: Do you speak English at your child’s school, doctor’s office, post office, etc.)</i>  <b>Check one:</b> <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often	<b>Do you receive public or government assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(WIC, free or reduced lunch for children, SNAP, TANF, Section 8)</i>			
14	<b>Source Type / Referral</b> <input type="checkbox"/> Employer <input type="checkbox"/> Flyer <input type="checkbox"/> Friend/Family <input type="checkbox"/> Public Event <input type="checkbox"/> Newspaper <input type="checkbox"/> Family Centers <input type="checkbox"/> Volunteer Center <input type="checkbox"/> Library <input type="checkbox"/> TV/Radio <input type="checkbox"/> Website <input type="checkbox"/> Other Agency: _____				
15	<b>Parent/Guardian of</b> <i>(check all that apply and write ages)</i>  <input type="checkbox"/> Child(ren) 5 years and younger _____ <input type="checkbox"/> Child(ren) 6 to 10 years _____ <input type="checkbox"/> Child(ren) 11 to 18 years _____	<b>Family Size:</b>  _____ <i>(# that live in the U.S. home)</i>			
16	<b>Technology</b> As a student I currently have access to a: <input type="checkbox"/> Smartphone (iPhone, Android, etc.) <input type="checkbox"/> Tablet (iPad, etc.) <input type="checkbox"/> Computer (Laptop or PC)				
17	<b>Zoom (Video Conferencing App)</b> <input type="checkbox"/> I have experience with Zoom <input type="checkbox"/> I don’t have experience with Zoom <input type="checkbox"/> I have the Zoom app but have never used it				
18	<b>Availability</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
	9:30 - 11:30 am				
	7:00 - 9:00 pm				
<i>I understand that the information provided in this application is required to register for program classes with Literacy Volunteers at Family Centers and that all information will be kept confidential.</i>  <b>Applicant Signature:</b> _____ <b>Date:</b> _____					