North Carolina Community College System
Literacy Education Information System (LEIS)

Provider Name _____ ADVANSYS ID # _____ Colleague # _____
Enrollment Date: _____ Program Year _____ Period of Participation ___1st ___2nd ___3rd

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STUDENT BIO

1. **First Name:** _____
   Middle Name: _____
   Last Name: _____
   Preferred Name: _____
   Previous Last/Maiden Name: _____

2. **Date of Birth:** _____ 3. **Gender/Sex** _____Female _____Male
   (MM/DD/YYYY)

4. **Mailing Address** _____
   Address Line 2 _____
   City _____ **State** _____ (postal abbreviation)
   County _____ **Zip Code** _____

5. **Primary Contact Phone:** (__ __ __) __ __ __ - __ __ __ __
   Emergency Phone: (__ __ __) __ __ __ - __ __ __ __
   Work Phone: (__ __ __) __ __ __ - __ __ __ __
   Cell Phone: (__ __ __) __ __ __ - __ __ __ __

6. **Email:** _____
7. **Social Security Number/EIN** _____
8. **Ethnicity** (Select One) ___Hispanic/Latino ___Non-Hispanic/Latino
9. **Race**

   ___American Indian or Alaskan Native
   ___Asian
   ___Black or African American
   ___Native Hawaiian or Other Pacific Islander
   ___White
   ___More than One Race

PROGRAM TYPE

10. **Enrollment Date:** _ _/_ _/ _ _

11. **Program Type:**
    ___Adult High School Student (AHS)
    ___Co-Enrollment in College Program
    ___Integrated Education and Training Program (IET)
    ___Integrated English Literacy & Civics Education (IELCE)
    ___Multiple Pathways to High School Equivalency (MPHSE)
    ___NRS Registration *(a student must have an NRS Registration)
    ___Work-Based Learning Program

12. **NRS Registration Date** _____ 13. **Last Date Attended?** _____
    (MM/DD/YYYY) (MM/YYYY)

Revised 3/2023

14. Last Secondary/Elementary School attended: _____

15. Last Date Attended: _____

16. Country of Last School Attended: ___United States (US)   ___Non-US

17. Educational Level at entry (check one)
__No Schooling
__No diploma (Enter 1-11 for last grade completed)
__High school graduate/Completed Grade 12
__High School Equivalency graduate
__Adult High School graduate
__Certificate of attendance/completion as a result of completing an IEP
__Some Postsecondary education, no degree
__Post high school vocational diploma
__Associate degree
__Bachelor degree
__Master degree or higher
__Unknown

18. Contact Type   ___ABE/ASE   ___ESL

19. Employment Status
___Employed
___Employed, but Received Notice of Termination of Employment or Military Separation is pending.
___Not in the Labor Force
___Unemployed

DMV status (complete if you are an NC resident under age 18 [Community College attendee only])	
Driver's License Number	_____
Issue Date	_____
State Issued	_____

20. Special Programs		
Basic Skills Plus	___Yes	___No
In Correctional Facility	___Yes	___No
In Community Correctional Program	___Yes	___No
In Other Institutional Setting	___Yes	___No

21. Student Data		
Displaced Homemaker	___Yes	___No
Long-term Unemployed	___Yes	___No
Cultural Barrier	___Yes	___No
Low Income	___Yes	___No
Ex-offender	___Yes	___No

Migrant and Seasonal Farmwork	___Seasonal Farmworker	
	___Migrant & Seasonal Farmworker	
	___No	
Homeless/Runaway Youth	____Yes	____No
Youth in foster care/aged out of system	____Yes	____No
Exhausting TANF within 2 years	____Yes	____No
Single Parent	____Yes	____No
Refugee	____Yes	____No
Living in a rural area	___Urban	____Rural
On Public Assistance	____Yes	____No

☐ **Food Stamps**
☐ **WIC**
☐ **Other**

22. Disabilities

Has Disability? (Select specific type below)	___Yes	___No
English Language Learner	___Yes	___No
Basic Skills deficient/low levels of literacy	___Yes	___No
Other Disability?	___Yes	___No
Learning Disability?	___Yes	___No
Intellectual Disability?	___Yes	___No

23. Other Data

Youthbuild	___Yes	___No

☐ **Yes, Local Formula**
☐ **Yes, Statewide**
☐ **Yes, Both Local and Statewide**

In Family Literacy Program?	___Yes	___No
In Workplace Literacy Location?	___Yes	___No
In WorkReady Program?	___Yes	___No
Dislocated Worker?	___Yes	___No
Distance Learner	___Yes	___No
Project IDEAL	___Yes	___No

IF REQUIRED BY YOUR COLLEGE/ORGANIZATION:

Form Completed by: _____

Student Signature: _____ **Date:** _____

High School Equivalency Information

Adult High School Only (update #26 - #28 each program year)
24. HS credits required to graduate   _____
25. # AHS credits transferred in   _____
26. # AHS credits earned this program year (July 1- June 30)   _____
27. Date first AHS course was attempted this program year   _ _/ _ _/_____
28. Date first AHS course was completed this program year   _ _/ _ _/ _____
29. Date AHS diploma was earned   _ _/ _ _/ _____

High School Equivalency
30. Date HSE earned   _ _/ _ _/ _____
31. HSE earned through GED/HISET/MPHSE   _____
32. HSE ID   _____

33. Placement and Progress Test Scores – NRS-Approved Tests Only

Date	Test	Component	Scale	Level/Form	EFL
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____

34. Future Service (Students must sign below confirming intent to return at scheduled date of service)
Date of Future Service: _ _ / _ _ / _ _ _ _ Student Signature: _____