

Provider Name _____	ADVANSYS ID # _____	Colleague # _____
Enrollment Date: _____	Program Year _____	Period of Participation ____ 1 <sup>st</sup> ____ 2 <sup>nd</sup> ____ 3 <sup>rd</sup>

**STUDENT BIO**

1. **First Name:** \_\_\_\_\_  
**Middle Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Preferred Name:** \_\_\_\_\_  
**Previous Last/Maiden Name:** \_\_\_\_\_
  
2. **Date of Birth:** \_\_\_\_\_  
(MM/DD/YYYY)
3. **Gender/Sex**       Female       Male
  
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. Registration Date \_\_\_\_\_  
(MM/DD/YYYY)

(mm/yy)

13. Last Secondary/Elementary School attended: \_\_\_\_\_

14. Last Date Attended: \_\_\_\_\_

15. Country of Last School Attended: \_\_\_\_\_

16. Educational Level at entry (check one)

- No Schooling
- No diploma (Enter 1-11 for last grade completed)
- High school graduate/Grade 12 completed
- 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

17. Contact Type     ABE/ASE     ESL

18. 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 \_\_\_\_\_

**19. Special Programs**

Basic Skills Plus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In Correctional Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In Community Correctional Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In Other Institutional Setting	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**20. Student Data**

Displaced Homemaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Long-term Unemployed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Cultural Barrier</b>	___ Yes	___ No
<b>Low Income</b>	___ Yes	___ No
<b>Ex-offender</b>	___ Yes	___ No
<b>Migrant and Seasonal Farmwork</b>	___ Seasonal Farmworker	
	___ Migrant & Seasonal Farmworker	
	___ No	
<b>Homeless/Runaway Youth</b>	___ Yes	___ No
<b>Youth in foster care/aged out of system</b>	___ Yes	___ No
<b>Exhausting TANF within 2 years</b>	___ Yes	___ No
<b>Single Parent</b>	___ Yes	___ No
<b>Refugee</b>	___ Yes	___ No
<b>Living in a rural area</b>	___ Urban	___ Rural
<b>On Public Assistance</b>	___ Yes	___ No
	<input type="checkbox"/> Food Stamps	
	<input type="checkbox"/> WIC	
	<input type="checkbox"/> Other	

<b>21. Disabilities</b>
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<b>Has Disability? (Select specific type below)</b>	___ Yes	___ No
<b>English Language Learner</b>	___ Yes	___ No
<b>Basic Skills deficient/low levels of literacy</b>	___ Yes	___ No
<b>Other Disability?</b>	___ Yes	___ No
<b>Learning Disability?</b>	___ Yes	___ No
<b>Intellectual Disability?</b>	___ Yes	___ No

<b>22. Other Data</b>
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<b>Youthbuild</b>	___ Yes	___ No
	<input type="checkbox"/> Yes, Local Formula	
	<input type="checkbox"/> Yes, Statewide	
	<input type="checkbox"/> Yes, Both Local and Statewide	
<b>In Family Literacy Program?</b>	___ Yes	___ No
<b>In Workplace Literacy Location?</b>	___ Yes	___ No
<b>In WorkReady Program?</b>	___ Yes	___ No
<b>Dislocated Worker?</b>	___ Yes	___ No
<b>Distance Learner</b>	___ Yes	___ No
<b>Project IDEAL</b>	___ Yes	___ No

<b>IF REQUIRED BY YOUR COLLEGE/ORGANIZATION:</b>	
<b>Form Completed by:</b> _____	
<b>Student Signature:</b> _____	<b>Date:</b> _____

**High School Equivalency Information**

**Adult High School Only** (update #25 - #27 each program year)

- 23. HS credits required to graduate \_\_\_\_\_
- 24. # AHS credits transferred in \_\_\_\_\_
- 25. # AHS credits earned this program year (July 1- June 30) \_\_\_\_\_
- 26. Date first AHS course was attempted this program year \_ / \_ / \_\_\_\_\_
- 27. Date first AHS course was completed this program year \_ / \_ / \_\_\_\_\_
- 28. Date AHS diploma was earned \_ / \_ / \_\_\_\_\_

**High School Equivalency**

- 29. Date HSE earned \_ / \_ / \_\_\_\_\_
- 30. HSE earned through GED/HISET/MPHSE \_\_\_\_\_
- 31. HSE ID \_\_\_\_\_

**32. 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: \_\_\_\_\_