



CLASS LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

**English Language Acquisition for Adults (ELAA)**

**STUDENT REGISTRATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Number Street Apt. # City State Zip

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**REFERRED BY:**

- Library
- Pima College Adult Education
- Pima County One Stop
- YWCA
- Goodwill
- Child's School
- Family/Friend
- Other \_\_\_\_\_
- Web Site
- TV/Radio
- Employer \_\_\_\_\_

**GENDER:**  Male  Female

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **AGE:** \_\_\_\_\_

**ETHNICITY:**

- Asian
- Black/African American
- Middle Eastern
- Pacific Islander
- Other \_\_\_\_\_
- White/Caucasian
- Hispanic/Latino
- Native American

**EDUCATION (CHECK ONE):**

- Primary K-4
- Secondary 5-8
- High School 9-12
- HS Diploma
- GED/HSE
- Tech/Trade School
- Some College/University
- University Degree
- Graduate Degree
- Other \_\_\_\_\_

**COUNTRY OF ORIGIN:** \_\_\_\_\_

**EMPLOYMENT STATUS (CHECK ONE):**

- Looking for work
- Full time
- Part time
- Self-employed
- Other \_\_\_\_\_
- Retired
- Homemaker
- Student
- Disability

**OCCUPATION:** \_\_\_\_\_

**LANGUAGES:**

Speak: \_\_\_\_\_

Read/Write: \_\_\_\_\_

**NUMBER OF CHILDREN UNDER AGE 18:** \_\_\_\_\_

**CHILDREN'S AGES:** \_\_\_\_\_

**GOALS I WANT TO ACHIEVE (CHECK ALL THAT APPLY):**

- Communicate better in English
- Find a job or improve my work/employment situation
- Help my child with homework and education
- Improve health and wellness (self or family)
- Get a GED/HSE diploma
- Enter college or a job-training program
- Get USA citizenship
- Register to Vote or Vote
- Get a library card
- Learn computer skills
- Other \_\_\_\_\_

**LANGUAGE LEARNING BACKGROUND**

Number of years studying English \_\_\_\_\_

Where have you taken classes before? \_\_\_\_\_

Where else are you taking classes now? \_\_\_\_\_

Are you an international student or visitor? \_\_\_\_\_ Yes \_\_\_\_\_ No

**INFORMATION CONSENT & CONFIDENTIALITY AGREEMENT**

- I am participating in an English class offered by Literacy Connects.
- I give my consent to Literacy Connects to collect my personal information.
- I understand that this information is confidential and will be used only by Literacy Connects for budgeting, evaluation, and planning purposes.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**FOR OFFICE USE ONLY**

Entered into Database:

Date \_\_\_\_\_ Initials \_\_\_\_\_

DPO # \_\_\_\_\_

**For TUTOR Use ONLY - Please Indicate Student Level:**

- True Beginning       Beginning       Intermediate
- Advanced       Other \_\_\_\_\_

**TUTOR**, please initial that student filled out form completely \_\_\_\_\_