**Provider Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ADVANSYS ID #** \_\_\_\_\_\_\_\_\_\_\_\_ **Colleague #** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrollment Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program Year** \_\_\_\_\_\_\_\_\_**Period of Participation** \_\_\_1st \_\_\_2nd \_\_\_3rd

**STUDENT BIO**

1. **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Last/Maiden Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(MM/DD/YYYY)**

1. **Gender/Sex \_\_Female \_\_Male \_\_Non-binary \_\_No Answer**

**4. Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address Line 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ (postal abbreviation)**

**County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_**

**5. Primary Contact Phone: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**

**Emergency Phone: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**

**Work Phone: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**

**Cell Phone: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**

1. **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Social Security Number/EIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **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)**

1. **Last Secondary/Elementary School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Last Date Attended: \_\_\_\_\_\_\_\_\_\_\_**
3. **Country of Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **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**

1. **Contact Type \_\_\_ABE/ASE \_\_\_ESL**
2. **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 \_\_\_Yes \_\_\_No**

**In Correctional Facility \_\_\_Yes \_\_\_No**

**In Community Correctional Program \_\_\_Yes \_\_\_No**

**In Other Institutional Setting \_\_\_Yes \_\_\_No**

**20. 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**

**21. 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**

**22. 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 #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**

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