

Date: _____ Office Use: _____

Kleberg County Adult Literacy Council Student Intake Form

Name: _____ Sex: _____

Address (physical or post office box): _____

Email Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Work Number: _____

English-speaking contact number if needed: _____

May we call your home? Yes _____ No _____ May we call your work? Yes _____ No _____

Date of birth: _____ Age: _____ Birthplace: _____ Ethnicity: _____

Employer: _____ Occupation: _____

Marital Status: Single _____ Married _____ Age of all children _____

How long will you be living in the area? _____

What do you hope to learn? _____

Highest level of education? _____ English speaking Contact: _____

Please check all that apply:

_____ I speak English fluently _____ I speak some English _____ I speak no English

_____ I can write in English _____ I cannot write in English

_____ I can read English _____ I cannot read in English

_____ I am interested in GEDprep program (must be 18 and lack a high school diploma/GED)

Group classes are held:

English as a Second Language: _____ Tuesday and Thursday morning from 8:30am-10:30 am

GED Prep classes: _____ Usually evenings from 5:00pm-7:00pm at TBD

How did you hear of the program? _____

Anything you wish us to know in order to better serve you: _____

YOU MUST FILL OUT AND SIGN THE BACKSIDE OF THIS FORM TO COMPLETE THE APPLICATION PROCESS!

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Kleberg County Adult Literacy Council

Student Contract and Code of Conduct

In order to get the most benefit out of my classes, I intend to make the following commitments as an adult student:

_____ I will sign in and attend all classes offered, and call my tutor or the facility if unable to attend. If prolonged absences are necessary, I will notify tutor.

_____ I will complete all homework suggested by the tutor.

_____ I will use and respect any textbook(s) recommended by the tutor, and respect the property of the facility, as well as the staff and other students. Failure to do so is grounds for immediate dismissal.

_____ I will follow KCALC's policies of, but not limited to: no smoking, tobacco, drugs, alcohol or firearms/weapons on tutoring property at any time; all eating is allowed in designated areas only; clothing is to be clean, neat, and appropriate; all behavior and language must be conducive to a learning environment; fighting will not be tolerated; sexual harassment or inappropriate contact with other students or staff will not be tolerated.

_____ I will return any materials, if I choose or need to withdraw from the program

_____ I give permission for KCALC to have full media access of my work,

_____ I give permission for the Kleberg County Adult Literacy Council to release standard student information including, but not limited to, assessments, general observations, progress documentation, contents of the individual student record/portfolio, to staff, applicable volunteers and tutors of KCALC. I also permit KCALC to photograph me and use the photo as a part of my student file or portfolio for identification purposes and/or for use in promotional materials.

I further release KCALC, any of its partner organizations, its employees, donated facilities, and agents from all claims and responsibility for physical injury and/or property loss. Furthermore, I assume any and all financial responsibility should an accident occur.

Student Name (Print): _____

Student Signature: _____ Date: _____