

## Learner Registration

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Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sex: \_\_\_\_ F \_\_\_\_ M Birthdate: \_\_\_\_\_ Country: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**Tutoring desired:** \_\_\_\_ Reading \_\_\_\_ ESOL \_\_\_\_ Math \_\_\_\_ Writing

### Racial/Ethnic Group

\_\_\_\_ African American \_\_\_\_ Asian American \_\_\_\_ Caucasian \_\_\_\_ Hispanic

\_\_\_\_ Native American \_\_\_\_ Pacific Islander \_\_\_\_ Multicultural

\_\_\_\_ Other \_\_\_\_\_ Native Language \_\_\_\_\_

**Education** Highest grade completed? \_\_\_\_\_

High school diploma awarded? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ GED

Special ed. Classes taken? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Have you ever been told that you have a learning disability?

\_\_\_\_ Yes \_\_\_\_ No

Have you ever repeated a grade? \_\_\_\_ Yes \_\_\_\_ No Which ones? \_\_\_\_\_

Have you ever repeated a grade in a special ed class? \_\_\_\_ Yes \_\_\_\_ No

Which ones? \_\_\_\_\_

Have you ever enrolled in school/vocational program? \_\_\_\_ Yes \_\_\_\_ No

Name of program? \_\_\_\_\_

Ever enrolled in other special programs? \_\_\_\_ Yes \_\_\_\_ No

**Work Status**  Employed, FT/PT  Unemployed  
 Retired  Disability

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Past employment: \_\_\_\_\_

**Availability**

Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

Morning  Afternoon  Evening

Is childcare a problem for you?  Yes  No

\_\_\_\_\_

Is transportation a problem for you?  Yes  No

\_\_\_\_\_

Which of our sites do you prefer for meeting with your tutor?