



Official Use
LACES ID# _____
STATE: _____

STUDENT INTAKE FORM

PLEASE FILL OUT FORM COMPLETELY (Print Clearly)

Today's Date: _____ Date of Birth: _____ Age at Intake: _____

Are you a returning student to this program? Yes No

Approximate date(s) of previous enrollment: _____

Gender: Female Male SSN : _____

Ethnicity (Choose one or more):

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

- Ward:** Ward 1 Ward 2 Ward 3 Ward 4
 Ward 5 Ward 6 Ward 7 Ward 8

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Other Phone: _____

Does this mobile number include texting? Yes No

Email: _____

Primary Program:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> NEDP | <input type="checkbox"/> CORE Construction | <input type="checkbox"/> Stationary Steam Engineering |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Electrical Wiring | <input type="checkbox"/> HVAC |

Employment Status:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Employed - Full | <input type="checkbox"/> Employed - Part | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Not looking for work | <input type="checkbox"/> Unavailable for work | <input type="checkbox"/> Retired |

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Job Title: _____



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Technology:

Which of the following do you have? Check all that apply:

- | | | | |
|--|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Computer With Camera | <input type="checkbox"/> Webcam | <input type="checkbox"/> Mobile Phone | <input type="checkbox"/> Printer |
| <input type="checkbox"/> Computer Without Camera | <input type="checkbox"/> Headset With Microphone | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Scanner |
| <input type="checkbox"/> Internet Accessibility | | | <input type="checkbox"/> Fax |

Barriers:

What are the barriers that you have? Check all that apply:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Cultural Barriers | <input type="checkbox"/> Disabled | <input type="checkbox"/> Displaced Homemaker | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Ex-Offender | <input type="checkbox"/> Low Literacy Levels | <input type="checkbox"/> Foster Care Youth |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Seasonal Farmworker | <input type="checkbox"/> Single Parent or Guardian | <input type="checkbox"/> Migrant Farmworker |
| <input type="checkbox"/> Long Term Unemployed | <input type="checkbox"/> Exhausting TANF Within Two Years | | |

Do you have a DC Networks/ Virtual One Stop (VOS) account? Yes No

If yes, what is your DC Networks/ Virtual One Stop (VOS) Username? _____

Which of the following do you have? Check all that apply:

Check all that apply:

- | | | | |
|------------------------------|--|--|--|
| <input type="checkbox"/> ESL | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Dislocated Worker | <input type="checkbox"/> Minor with Adult Status |
|------------------------------|--|--|--|

Correctional: Yes No Institutional

Veteran: Yes No

If yes, what is the approximate date that you entered the military? _____

Date of discharge: _____ Type of discharge: _____

Apparent or Disclosed Disability: Yes No

Specific Learning Disability: Yes No Observed/Disclosed Documented

In special education? Yes No Age entered special education: _____

Do you need special accommodations? Yes No

Have you ever taken the GED before? Yes No If yes, when? _____

What was the last grade or educational level that you completed? _____

Was the last school you attended in the United States of America? Yes No

Name of last school attended: _____

Are you currently enrolled in school? Yes No

Check ALL earned: High School Diploma GED Technical/Vocational Certificate

AA Degree BA/BS Degree Other (specify): _____



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Do you have children? Yes No

If yes, are they living with you? Yes No

of Children: _____

Name of children

Age of children:

DEMOGRAPHIC INFORMATION

U.S. Citizen

- Yes
 No

Public Assistance Status

- TANF Recipient
 Food Stamps
 Refugee Cash Assistance
 Old-age Assistance
 General Assistance
 Aid to the Blind
 Totally Disabled

What type of businesses have you been employed by? Check all that apply:

- Public/ Government
 Private
 Non-Profit
 Never been Employed
 Not in the Labor Force
 Other _____

Occupation: What type of industry have you worked in? Check all that apply:

- Professional
 Clerical
 Technical
 Service
 Agriculture
 Homemaker
 Sales
 Student
 Other _____

Voting Behavior

- Registered to Vote
 Not Registered to Vote
 Registered, but Never Voted

Income

- < \$4,999
 \$5,000 – \$9,999
 \$10,000 – \$14,999
 \$15,000 – \$19,999
 \$20,000 – \$24,999
 \$25,000 – \$40,999
 > \$41,000
 SSI
 Not available

Referral Source

- TV/Radio
 D.O.E.S.
 Friend/Family
 Employer/School
 Library
 Other adult ed. org. _____
 Other agency _____
 Literacy hotline
 Church
 Poster/ad
 PR talk/presentation
 Special event
 Newspaper
 Phone book
 Other _____
 Not available



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Emergency /Follow-Up Contacts

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Other: _____

Email: _____

Relationship of Emergency Contact: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Other: _____

Email: _____

Relationship of Emergency Contact: _____

COVID-19

Have you had a COVID-19 vaccination? Yes No

If yes, which shot did you get? Choose one.

Pfizer – One Dose

Moderna – One Dose

Johnson & Johnson

Pfizer – Two Doses

Moderna – Two Doses

If no, do you plan to get one?

Yes When? _____ No

Signature

Date