

NFCSD Adult ENL Program



Registration Form

Part 1		
First Name: _____	Middle Initial: _____	Last Name: _____
Address: _____		City: _____ State: _____ Zip: _____
Phone Number: _____		
Email: _____		
Emergency Contact Name: _____		
Emergency Contact Relationship: _____		
Emergency Contact Phone Number _____		
Part 2		
Employment Status (Circle one) <ul style="list-style-type: none">• Employed full time• Employed part time• Unemployed		
Gender (Circle) <ul style="list-style-type: none">• Male• Female	Race/Ethnicity (Circle) <ul style="list-style-type: none">• Native American• Alaskan Native• Asian• Pacific Islander• African American• Afro-Caribbean• African• Latino/a• White• Other	

Part 3

**Highest Grade completed in US
(Circle)**

- Grade 5 or lower
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- Post-secondary
- Did not attend school in the US

Years of schooling in other countries:

What is your highest credential obtained (Circle)

- Secondary school diploma
- High School Equivalency (HSE)
- Some college
- College degree

If you answered the previous question, where did you obtain your credential? (Circle)

- In US
- In other country

Part 4

What are your goals? (Circle all that apply)

- Improve basic literacy
- Improve English literacy skills
- Obtain a job
- Retain my current job
- Improve my current job
- Enter training
- Get involved in community activities
- Get involved in my children's education
- Get involved in children's literacy
- Other:

Do you have barriers to learning? Circle all that apply

- Transportation
- Childcare
- Learning disabled
- Hearing/visual impairment
- Other:

Part 5

Country of birth: _____ **Date of US settlement:** _____

Status (Circle):

- **Citizen**
- **Refugee**
- **Immigrant**

Primary Language: _____

Part 6

Are you the parent or guardian of a child or children under the age of 21?

- **Yes**
- **No**

Are you a single parent?

- **Yes**
- **No**

If yes to either, please list the number of children at each level and the name of the school:

Preschool Number of Children: _____

Name of Preschool (Circle)

- **Bloneva Bond Primary School (formerly Niagara Street School)**
- **Henry J. Kalfas Primary School**
- **Cataract Elementary School**
- **GJ Mann Elementary School**
- **Hyde Park Elementary School**
- **Maple Avenue Elementary School**
- **79th Street Elementary School**
- **Other:** _____

Elementary Number of Children: _____

Name of School (Circle)

- **Bloneva Bond Primary School (formerly Niagara Street School)**
- **Henry J. Kalfas Primary School**
- **Cataract Elementary School**
- **GJ Mann Elementary School**
- **Harry F. Abate Elementary School**
- **Hyde Park Elementary School**
- **Maple Avenue Elementary School**
- **79th Street Elementary School**
- **Other:** _____

Junior High School Number of Children: _____

Name of School (Circle)

- **Gaskill Preparatory School**
- **LaSalle Preparatory School**
- **Other:** _____

High School Number of Children: _____

Name of School (Circle)

- **Niagara Falls High School**
- **Other:** _____

Any additional information:

Signature: _____

Date: _____