



OFFICE USE ONLY

LACES ID: _____

Date of Entry Class: _____

☐ ABE

☐ ELA

Northern Nevada Literacy Council Enrollment Application

Date of Application: _____

Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Preferred Name: _____

Birthdate: _____ Social Security: _____

No service will be denied if you do not provide a social security number

Referred by: _____

— White

— Other _____

Select the best options

Program of Choice

- High School Equivalency (HiSET/GED)
- English Language Classes (ESL)
- Citizenship Preparation

Preferred Class Delivery

- In Person Classes
- Virtual Zoom Classes

Preferred Location (English Language Program)

Only- class times may vary)

- NNLC 4th St location
- Sierra View Library
- Sparks Family Resource Center
- North Valleys Family Resource Center
- Wedekind Road Main Office

Class Schedule Preference

- Morning 8:30AM – 11:00AM (St. Vincent Only)
- Morning 9:00AM – 11:30AM
- Evening 5:30PM – 8:00PM

If you have chosen citizenship classes, select from the following options:

- Tuesday and Wednesdays 5:30 PM – 8:00 PM
- Saturday 9:00 AM – 1:00 PM

Gender at Birth

- Male
- Female

Are you Hispanic or Latino/a/x?

- Yes
- No

What is your ethnicity?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander

Preferred Language: _____

Highest Education Level Completed

- No Schooling
- Kindergarten
- 1st – 2nd Grade
- 3rd – 4th Grade
- 5th – 6th Grade
- 7th – 8th Grade
- 9th Grade – 10th Grade No Diploma
- 11th Grade – 12th Grade No Diploma
- High School Graduate
- High School Equivalency (HiSET/GED)
- Some Postsecondary, No Degree
- Postsecondary or Professional Degree:
If so, what type _____

Highest Education Level Completed Location

- US Based Schooling
- Non-US Based Schooling

Have you attended any of the following schools?

- Truckee Meadows Community College
- Western Nevada College
- Great Basin College
- College of Southern Nevada

Employment Status

- Employed
- Unemployed – Seeking Work
- Unemployed – Not Seeking Work
- Employed with Separation Notice

Technology Access (Check all that apply)

- Computer with camera
- Computer without camera
- Headset with Microphone
- Cell Phone
- Home Phone
- Internet Access
- Printer
- Scanner

Barriers to Employment

Write Yes or No to each question

Barrier Type	Yes/No	Question
English Language Learner		Do you have limited ability to read, write, and speak English?
		Is your native language something other than English?
		Do you live in a family or community where English is not the main language?
Low Literacy Levels		Can you read and write?
		Are you able to solve problems at work without receiving major help from others?
		Are you able to solve problems at home without receiving major help from others?
Cultural Barriers		Do you have any attitudes, beliefs, customs, or practices that:
		Keep you from participating in activities with others?
		Keep you from participating in specific activities in class?
		Prevent you from getting a job or applying for specific jobs?
		Prevent you from receiving specific services or applying for them?
Displaced Homemaker		Are you dependent on a family member financially?
		Do you provide unpaid services to this family member or any other family member you rely on?
		Is your spouse a member of the Armed Forces and your family income is significantly reduced because of military service – by issues such as deployment, permanent change of station, or the service-connected death or disability of the service member?
		Are you employed or underemployed and experiencing difficulty in obtaining or upgrading employment?
Disability		Do you receive services from your local Regional Center, or through the Department of Rehabilitation?
		Do you require any additional accommodations to effectively learn and participate in class?
Foster Care		Are you or have you ever been in foster care?

Low Income		In the last 6 months, have you or any member of your family received assistance through:
		Supplemental Nutrition Assistance Program (SNAP) under the Food and Nutrition Act?
		Temporary Assistance for Needy Families (TANF) program under part A of Title IV of the Social Security Act?
		Supplemental Security Income (SSI) program under title XVI of the Social Security Act or state or local income-based public assistance?
		Is anyone in your household:
		Receiving free or reduced lunch?
		A foster child?
		Receiving disability assistance?
		Homeless?
		In the process of trying to receive public assistance?
Ex-Offender		Do you have any disability (physical, developmental, or intellectual) that limits one or more major life activities and your income?
		Do you have a record of arrest or conviction for committing crimes against persons, property, status offenses, or other crimes?
Unhoused		Do you require extra assistance finding a job, or when applying for a loan or financial assistance, because of previous legal issues?
		Do you have a permanent home? If not ---
		Are you sharing housing with due to loss of housing, economic hardship, or a similar reason?
		Are you temporarily living in a motel, hotel, trailer park, or campground?
		Do you receive housing or other services from a permanent or transitional shelter?
Long Term Unemployed		Are you in transition in a hospital, or awaiting foster care placement?
		Have you been unemployed for 27 or more consecutive weeks (that is, for half a year)?
Exiting TANF Within 2 Years		Are you two years or less away from no longer being eligible for TANF (Temporary Assistance for Needy Families)?
Single Parent		Are you single, separated, divorced, or widowed AND either pregnant, or a parent, or have responsibility for a child below 18 years of age? Either pregnant, or a parent, or have responsibility for a child below 18 years of age?

Migrant/Seasonal Farmworker		In the last two years, have you been:
		Employed at a farm/worked as a farm laborer?
		Worked in other areas of farming or agriculture?
		Employed in fishing?
		Does this work require you to travel so far that you are unable to return home within the same day?
		Does this work allow you to work some times during the year, but not all 12 months of the year?
		Is your spouse or other family member a migrant or seasonal farmworker, working in farming or fishing as described above?

NNLC Student Success Agreement

I, _____, understand that to enroll at NNLC, achieve success in my program, and graduate, I must agree to the following:

Acknowledgement of Student Handbook:

Student Initial

_____ I have received a copy of the Student Handbook and I will comply with all policies as stated in the Student Handbook.

Attendance:

Student Initial

_____ I understand I am required to attend class every day, Monday through Thursday, a total of 10 hours per week.

_____ I understand if I am unable to attend class, I must notify the front desk (via Remind, email, text, or phone call) and let them know I will be missing class and the reason.

_____ I understand if for any reason I am considering dropping my program, I will contact Student Services and discuss my reason for dropping the program.

Student Assessments:

Student Initial

_____ I understand NNLC is a nonprofit organization serving the community at no cost to students.

_____ I understand, as a requirement of my enrollment, I must complete the Comprehensive Adult Student Assessment System (CASAS) after every 50 hours of attendance.

Classroom Requirements:

Student Initial

_____ I will respect others by not using my cell phone during class, including taking and answering calls, and texting unless directed by my instructor to the use of cell phone for academic purposes including research and instructional activities.

_____ I will respect others including my instructor by refraining from classroom outbursts, speaking out of term, and following the student conduct policy as outlined in the Student Handbook.

_____ I understand at times I will be challenged by the learning materials. At that time, I will seek additional support to master the learning by first speaking with my instructor as additional resources are available such as tutoring.

NNLC Student Consent to Release Information

I consent to allowing Northern Nevada Literacy Council to speak to the following people/organizations regarding my attendance and progress in the program.

Initial _____

Name and Relationship	Phone Number

I give my permission to NNLC to contact my emergency contact in case of emergency.

Initial _____

Emergency Contact and Relationship:	Phone Number

I give my permission to Northern Nevada Literacy Council to take photos of me during class and at special events as needed, and to use these photos in publications and/or promotional purposes to support the success of NNLC's program of instruction or Adult Basic Education in Nevada.

Initial _____

I give my permission to Northern Nevada Literacy Council to contact me via text or email on an automated system.

Initial _____

Signature _____ **Date** _____

**STATE OF NEVADA
Adult Basic Education
Informed Consent Form**

I, _____, consent to the release of information from my student record for the purposes of statistical reports.

I understand that this information is to assist the Nevada Department of Education in obtaining and reporting information concerning employment and education gains as required by federal legislation and regulations.

I understand that the student record includes my social security number, which may be shared by the Nevada Department of Education with any of the following entities:

- Nevada Department of Employment Training and Rehabilitation
- Nevada System of Higher Education

I understand that reports based on this information will contain statistics about follow-up measures for adult education students in Nevada, and that no specific or personal information about me will appear in these reports.

_____ Student Social Security Number	_____ Signature of Student	_____ Date
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Note: Parent/Guardian signature also required for students under the age of eighteen.

_____ Parent/Guardian Name	_____ Signature of Parent/Guardian	_____ Date
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Consent to release information will remain on file and be in effect for a period of 2 years.