



**ESL  
STUDENT  
REGISTRATION**

Please print clearly in ink.

<b>OFFICE USE ONLY</b>		School Year _____				
Site _____		Orientation _____		Hours _____		
1st Class _____	Date _____	Term. Date _____	Re-Entry _____			
2nd Class _____	Date _____	Term. Date _____	Re-Entry _____			
3rd Class _____	Date _____	Term. Date _____	Re-Entry _____			
4th Class _____	Date _____	Term. Date _____	Re-Entry _____			
<b>SUBJECT</b>	<b>PRE-TEST</b>	<b>DATE</b>	<b>RAW</b>	<b>SCALED</b>	<b>LEVEL</b>	
CASAS Listening						
CASAS Reading						
Level:	I	II	III	IV	V	VI

**NAME** \_\_\_\_\_  
Last Name | First Name | Middle Initial | Nick Name

**SOCIAL SECURITY/TRACKING NUMBER:** \_\_\_\_\_ **INTERNAL ID #:** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_  
Street | (Apt. #)  
 \_\_\_\_\_  
City | State | Zip Code

**E-MAIL ADDRESS:** \_\_\_\_\_ **PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:** \_\_\_\_\_  
Name | Relationship | Phone

**POPULATION GROUP: (Check One)**  
 African American/Black     Asian     White  
 Hispanic     Native American/Alaskan     Native Hawaiian/Pacific Islander

**WHAT COUNTRY ARE YOU FROM?** \_\_\_\_\_ **YOUR FIRST LANGUAGE:** \_\_\_\_\_

**WHAT WAS YOUR JOB OR PROFESSION BEFORE COMING TO AMERICA?** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **SEX:** (Check)  Male  Female  
Month | Day | Year

**DID YOU FINISH SCHOOL IN YOUR COUNTRY?**  NO  YES What was highest grade or level completed? \_\_\_\_\_

**HAVE YOU ATTENDED ENGLISH CLASSES HERE BEFORE?**  NO  YES IF YES, WHAT YEAR? \_\_\_\_\_

**HAVE YOU ATTENDED ANOTHER ENGLISH CLASS BEFORE?**  NO  YES IF YES, WHERE? \_\_\_\_\_

**DO YOU HAVE A JOB?**  YES  NO  Not Looking for a Job. **ARE YOU ON PUBLIC ASSISTANCE?**  NO  YES

**PERSONAL: Check (✓) all that apply:**

- Low Income
- Dislocated Worker
- Single Parent
- Disabled Adult
- Learning Disabled Adult
- Homeless Adult
- Live In Rural Area
- Displaced Homemaker
- Probation & Parole
- Local Correctional Facility

**WHAT ARE YOUR GOALS: Check (✓) TWO:**

- Improve Basic Skills
- Improve English Skills
- Driver's License
- Obtain Citizenship Skills
- Obtain GED/ High School Diploma
- College/Job Training
- Obtain a New Job
- Keep Current Job
- TOEFL

**WHO TOLD YOU ABOUT THIS SCHOOL: (Check)**  
 Friend     Newspaper     College or University  
 Family     Website     Agency \_\_\_\_\_

I understand that information on the learner registration information forms may be shared with the Missouri Department of Elementary and Secondary Education or other adult education personnel for the purpose of compiling and reporting information as required by the Adult Education and Family Literacy Act. I understand that information regarding the completion of the following goals may be verified by another private or governmental agency via telephone, mail or e-mail: getting or keeping a job; enrolling in a college; university or other training program; directory information (name, address, telephone, Social Security number, etc.); assessment scores; record of attendance; statistical information (gender, ethnicity, employment status, education, disability status, etc.); educational goals and achievements. To reap the true academic benefit of U. City's AEL program, a minimum of 30 hours of attendance is required. I have been informed that the AEL Program is required to test my English reading and possibly, math skills. I understand this requirement and commit myself to achieving academic success.

I authorize the program to release the above following types of program record information.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_  
Last Name First Name Middle Initial

**ID#:** \_\_\_\_\_

ENTRY DATE \_\_\_\_\_ DROP DATE \_\_\_\_\_ RE-ENTRY DATE \_\_\_\_\_ CLASS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ PROMOTION DATE & CLASS \_\_\_\_\_  
 \_\_\_\_\_

**PROGRESS TESTING:** FIRST DATE \_\_\_\_\_; SECOND DATE \_\_\_\_\_

**ATTENDANCE**

- SHORT TERM GOAL(S):**  Improve reading, writing, grammar or listening skills  
 Improve English skills enough to complete driver's license exam
- LONG TERM GOAL(S):**  TOEFL (Results: \_\_\_\_\_) & College/University  
 Become a citizen (Citizenship Results: \_\_\_\_\_)  
 Workforce Entry Plan \_\_\_\_\_  
 Vocational /Job Training \_\_\_\_\_

Jul \_\_\_\_\_  
 Aug \_\_\_\_\_  
 Sep \_\_\_\_\_  
 Oct \_\_\_\_\_  
 Nov \_\_\_\_\_  
 Dec \_\_\_\_\_  
 Sub \_\_\_\_\_  
 Jan \_\_\_\_\_  
 Feb \_\_\_\_\_  
 Mar \_\_\_\_\_  
 Apr \_\_\_\_\_  
 May \_\_\_\_\_  
 Jun \_\_\_\_\_  
 Year End Total: \_\_\_\_\_

SUBJECT	TEST	DATE	RAW	SCORE		PERF LEVEL
				RAW	SCALED	
CASAS Listening Progress						
CASAS Reading Progress						

Termination Sheet sent into AEL Office: Date \_\_\_\_\_ Teacher \_\_\_\_\_

Date	Teacher	Method (postcard/phone)	Remarks / Results

Student Progress Comments (Please include dates)

---



---



---



---



---



---



---



---



---



---