



Family
RESOURCE
CENTER
SHEBOYGAN COUNTY



Literacy Council of Sheboygan County
NEW STUDENT INTAKE FORM—Confidential

Family Resource Center, 1500 Douglas Drive, Suite B, Plymouth, WI 53073
Phone: 920-892-6706 · Email: literacy@frc-sc.org

Information on this form is used for demographic reports to our funding sources and for program development. We do not share your personal identifying information.

TODAY'S DATE _____

NAME (first) _____ (last) _____ (middle initial) _____

YOUR DATE OF BIRTH _____ Male Female

ADDRESS (street, city, zip code) _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

Emergency Contact Person _____ Phone _____ Relationship to Student _____

NATIVE LANGUAGE _____ COUNTRY OF ORIGIN _____ OTHER LANGUAGES? _____

Have you ever been convicted of a crime?* Yes No

*Answering YES will not necessarily disqualify you from our program. If you answered YES, please list the date(s) of the conviction(s), the city and state, and the offense(s). _____

AUTHORIZATION

I understand that a criminal background check will be performed by the Literacy Council of Sheboygan County, before I am enrolled as a student. I authorize any institution, information agency or law enforcement agency to furnish any and all related information. Any information received as a result of a background check is kept strictly confidential.

Signature _____ Date _____

Any information received as a result of a background check is kept strictly confidential.

ETHNIC GROUP <i>Check one.</i>	EDUCATION <i>Check highest completed.</i>	SOURCE OF REFERRAL <i>Check all that apply.</i>
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Grade 0-4 <input type="checkbox"/> Grade 5-8 <input type="checkbox"/> Grade 9-11 <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Other <input type="checkbox"/> Some College	<input type="checkbox"/> Sheboygan Co. Volunteer Center <input type="checkbox"/> TV/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend or relative <input type="checkbox"/> Employer <input type="checkbox"/> Library <input type="checkbox"/> Another Student <input type="checkbox"/> Flyer/Brochure/Catalog <input type="checkbox"/> Website (name) _____

