

North Carolina Community College System

Literacy Education Information System (LEIS) (OFFICE USE ONLY: To be completed by faculty/staff)

Provider Name:		ADVANSYS ID:		Program Year:	
Enrollment Date:		Colleague ID:		Period of Participation	1st 2nd 3rd

1. Student Bio	
First Name:	
Middle Name:	
Last Name:	
Preferred Name:	
Maiden/Previous Last Name(s):	

2. Date of Birth: (MM/DD/YYYY)	3. Gender/Sex
	Female
Student is under 18. Release form required.	Male

7. Social Security Number	
Format: 000-00-0000	
EIN:	
ITIN:	

8. Ethnicity (Select one)	
	Hispanic/Latino
	Non-Hispanic/Latino

9. Race	
	American Indian or Alaskan Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	More than One Race

4. Mailing Address	
Address Line 1	
Address Line 2	
City	
State (postal abbreviation)	
Zip Code	
County	

10. Enrollment Date: (MM/DD/YYYY)	
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5. Primary Contact Phone Numbers	
Phone #:	
Emergency #:	
Work #:	
Cell #:	

6. Email (Enter Below)

11. Program Type(s) (NRS Registration Required):	
	Adult High School Student (AHS)
	Co-Enrollment in College Program
	Integrated Education and Training Program (IET)
	Integrated English Literacy & Civics Education (IELCE)
	Multiple Pathways to High School Equivalency (MPHSE)
	<i>NRS Registration (ABE/ASE or ESL)</i>
	Work-Based Learning Program

If this document is submitted by email, encrypt the email to protect PII. Otherwise, submit in person.
Revised 5/2026

12.Registration Date: (MM/DD/YYYY):	
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13. Name of Last Secondary/Elementary School attended:	
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14. Last Date Attended (MM/DD/YYYY):	
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15. Country of Last School Attended:	
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16. Educational Level at entry (check one and enter grade level if applicable)	
<input type="checkbox"/>	No Schooling
<input type="checkbox"/>	No diploma (Enter 1-11 for last grade completed instead of a check)
<input type="checkbox"/>	High school graduate/Grade 12 completed
<input type="checkbox"/>	High School Equivalency graduate
<input type="checkbox"/>	Adult High School graduate
<input type="checkbox"/>	Certificate of attendance/completion as a result of completing an IEP
<input type="checkbox"/>	Some Postsecondary education, no degree
<input type="checkbox"/>	Post high school vocational diploma
<input type="checkbox"/>	Associate degree
<input type="checkbox"/>	Bachelor degree
<input type="checkbox"/>	Master degree or higher
<input type="checkbox"/>	Unknown

17. Contact Type (check one)	
<input type="checkbox"/>	ABE/ASE
<input type="checkbox"/>	ESL

All NRS registrations must have a contact type of either ESL or ABE/ASE. **Contact type is the designation that determines what NRS assessments the student can take: ESL approved NRS assessments or ABE/ASE approved assessments.** Additionally, contact type establishes the baseline for Educational Functioning Level and ties to placement on Federal Tables.

19. Special Programs (Check yes or no for all fields)			
Basic Skills Plus	<input type="checkbox"/>	Yes	No
In Correctional Facility	<input type="checkbox"/>	Yes	No
In Community Correctional Program	<input type="checkbox"/>	Yes	No
In Other Institutional Setting	<input type="checkbox"/>	Yes	No

20. Student Data (check yes or no for all fields)			
Displaced Homemaker	<input type="checkbox"/>	Yes	No
Long-term Unemployed	<input type="checkbox"/>	Yes	No
Cultural Barrier	<input type="checkbox"/>	Yes	No
Low Income	<input type="checkbox"/>	Yes	No
Ex-offender	<input type="checkbox"/>	Yes	No

Inmate Type:	
Inmate Release Date:	

DMV status: Complete if you are an NC resident under age 18 (Community College attendee only)	
Driver's License #:	
Issue Date (MM/DD/YYYY):	
State Issued:	

<input type="checkbox"/>	No license, but plan to get one.
<input type="checkbox"/>	No license, no plan to get one.

18. Employment Status (check one)	
<input type="checkbox"/>	Employed
<input type="checkbox"/>	Employed, but Received Notice of Termination or Military Separation is pending.
<input type="checkbox"/>	Not in the Labor Force
<input type="checkbox"/>	Unemployed

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Seasonal Farmworker		Yes		No
Migrant & Seasonal Farmworker		Yes		No
Homeless/Runaway Youth		Yes		No
Youth in foster care/aged out of system		Yes		No
Exhausting TANF within 2 years		Yes		No
Single Parent		Yes		No
Refugee		Yes		No
Living in a rural area		Yes		No
On Public Assistance		Yes		No
Food stamps		Yes		No
WIC		Yes		No
Other				

21. Disabilities

Has Disability?		Yes		No
English Language Learner		Yes		No
Basic Skills deficient/low levels of literacy		Yes		No
Other Disability?		Yes		No
Learning Disability?		Yes		No
Intellectual Disability?		Yes		No

22. Other Date

Youthbuild (Select one if applicable)

<input type="checkbox"/>	Yes, Local Formula
<input type="checkbox"/>	Yes, Statewide
<input type="checkbox"/>	Yes, Both Local and Statewide

In Family Literacy Program?		Yes		No
In Workplace Literacy Location?		Yes		No
In WorkReady Program?		Yes		No
Dislocated Worker?		Yes		No
Distance Learner		Yes		No
Project IDEAL		Yes		No

IF REQUIRED BY YOUR COLLEGE/ORGANIZATION:

Form Completed by:			
Student Signature:		Date:	

High School Equivalency Information - Adult High School

For Adult High School students: Update #25 - #27 each program year (July 1-June 30)

23. HS credits required to graduate (enter #):	
24. # AHS credits transferred in (enter #):	
25. # AHS credits earned this program year (enter #):	
26. Date first AHS course was attempted this program year (MM/DD/YYYY):	
27. Date first AHS course was completed this program year (MM/DD/YYYY):	
28. Date AHS diploma was earned (MM/DD/YYYY):	

High School Equivalency Information - HSE Testing

29. Date HSE Diploma earned (MM/DD/YYYY):	
30. Pathway used to earn HSE Diploma: GED/HiSET/MPHSE/Total Transcript:	
31. HSE ID(s):	
	HiSET ID: GED ID:

32. Placement and Progress Test Scores – NRS-Approved Tests Only

Date:	Test:	Component:	Scale:	Level/Form:	EFL:

33. Future Service

Students must sign below confirming intent to return at scheduled date of service.

Student Signature:		Date of Future Service:	
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A future service date must be initiated by the student. The student must provide a return date for absences of 120 days or less. In-person requests require the student's signature (above), electronic requests must be attached to this LEIS form, and verbal/phone requests must be documented by staff and attached to this LEIS form for audit and student information system purposes.

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Supplemental Questions

WIOA Core Partner Information

With WIOA requirements for interagency partnering and joint accountability requirements, all partner agencies have an interest in identifying shared participants. Please answer the following supplemental questions.

A	Is the student receiving services from Title I?	Yes	No
	If YES, please specify:		
B	Is the student receiving services from Title III?	Yes	No
	If YES, please specify:		
C	Is the student receiving services from Title IV?	Yes	No
	If YES, please specify:		

Title I	Title III	Title IV
Adult & Dislocated Worker Program	Employment Services	Vocational Rehabilitation Services ¹
Youth Program	Trade Adjustment Assistance (TAA)	Services for the Blind
Job Corps	Jobs for Veterans State Grants Program (JVSG)	Services for the Deaf & Hard of Hearing
National Farmworkers Jobs Program (NFJP)	Unemployment Compensation Program(UC)	
Native American Programs		
Youth Build		

¹ In North Carolina, this service was renamed Employment and Independence for People with Disabilities.