

North Carolina Community College System Literacy Education Information System (LEIS)

Provider Name _____ ADVANSYS ID # _____ Colleague # _____
Enrollment Date: _____ Program Year _____ Period of Participation ____1st ____2nd ____3rd

STUDENT BIO

1. First Name: _____
Middle Name: _____
Last Name: _____
Preferred Name: _____
Previous Last/Maiden Name: _____

2. Date of Birth: _____
(MM/DD/YYYY)

3. Gender/Sex ____Female ____Male

4. Mailing Address _____
Address Line 2 _____

City _____ State _____ (postal abbreviation)

County _____ Zip Code _____

5. Primary Contact Phone: (____) _____ - _____

Emergency Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

6. Email: _____

7. Social Security Number _____

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

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PROGRAM TYPE

10. Enrollment Date: __/__/__

11. Program Type: __ 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)
 __ NRS Registration *(a student must have an NRS Registration)
 __ Work-Based Learning Program

12. Registration Date _____
 (MM/DD/YYYY)

13. Last Secondary/Elementary School attended

14. Last Date Attended? (mm/yy) _____

15. Country of Last School Attended _____

16. Educational Level at entry (check one)

- __ No Schooling
__ No diploma (Enter 1-11 for last grade completed)
__ High school graduate/Grade 12 completed
__ High School Equivalency graduate
__ Adult High School graduate
__ Certificate of attendance/completion as a result of completing an IEP
__ Some Postsecondary education, no degree
__ Post high school vocational diploma
__ Associate degree
__ Bachelor degree
__ Master degree or higher
__ Unknown

17. Contact Type __ ABE/ASE __ ESL

18. Employment Status

- __ Employed
__ Employed, but Received Notice of Termination of Employment or Military Separation is pending
__ Not in the Labor Force
__ Unemployed

Inmate Type _____

Inmate Release Date _____

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DMV status (complete if you are an NC resident under age 18 [Community College attendee only])

Driver's License Number _____
Issue Date _____
State Issued _____

19. Special Programs

Basic Skills Plus	___ Yes	___ No
In Correctional Facility	___ Yes	___ No
In Community Correctional Program	___ Yes	___ No
In Other Institutional Setting	___ Yes	___ No

20. Student Data

Displaced Homemaker	___ Yes	___ No
Long-term Unemployed	___ Yes	___ No
Cultural Barrier	___ Yes	___ No
Low Income	___ Yes	___ No
Ex-offender	___ Yes	___ No
Migrant and Seasonal Farmwork	___ Seasonal Farmworker	
	___ Migrant & Seasonal Farmworker	
	___ 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	___ Urban	___ Rural
On Public Assistance	___ Yes	___ No
	<input type="checkbox"/> Food Stamps	
	<input type="checkbox"/> WIC	
	<input type="checkbox"/> Other	

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21. Disabilities

Has Disability? (Select specific type below)	___ 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 Data

Youthbuild	___ Yes	___ No
	<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
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Adult High School Only (update #26 - #28 each program year)

23. HS credits required to graduate _____

24. # AHS credits transferred in _____

25. # AHS credits earned this program year (July 1- June 30) _____

26. Date first AHS course was attempted this program year ____/____/____

27. Date first AHS course was completed this program year ____/____/____

28. Date AHS diploma was earned ____/____/____

High School Equivalency

29. Date HSE earned ____/____/____

30. HSE earned through GED/HISET/MPHSE _____

31. HSE 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)
Date of Future Service: ____/____/____ Student Signature: _____

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.