



Spotlight Learning Institute Inc.

1833 Lexington Ave.
New York, NY 10029



2017-2018 INSTITUTE INTAKE FORM

Last Name	M.I.	First Name	D.O.B.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Address:	Home Phone: ()	Cell Phone: ()
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City:	State:	Zip Code:	Email:
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Emergency Contact Name:	Relationship:	Contact Number: ()
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<p><u>ETHNICITY:</u></p> <p><input type="checkbox"/> African American / Black</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hawaiian / Pacific Islander</p> <p><input type="checkbox"/> Latino/a or Hispanic Caucasian</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Multi-Racial</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p><u>PRIMARY LANGUAGE:</u></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> Mandarin</p> <p><input type="checkbox"/> Bengali</p> <p><input type="checkbox"/> Russian</p> <p>Other: _____</p> <p>Do you or your children need translator services?</p> <p>Yes No</p>	<p><u>RESIDENCY STATUS:</u></p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Permanent Resident</p> <p><input type="checkbox"/> Temporary Resident</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Prefer not to answer</p>
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Social Security #: ____ - ____ - ____	Age: _____	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Parent Unemployed
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EDUCATION LEVEL:

High School Student: Yes No Last Grade Completed: 9th 10th 11th 12th

Special Education Student: Approved IEP: Yes No High School Equivalency: Yes No

Are you and English Language Learner? Yes No

Are you interested in enrolling in school? Yes No

Last school attended: _____

Job Readiness 1. How will you get to work/school everyday? <input type="checkbox"/> Own Vehicle <input type="checkbox"/> Mass Transit <input type="checkbox"/> Walk <input type="checkbox"/> Ride with friends/family	Living Situation: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Living with family/friend <input type="checkbox"/> Homeless Shelter If other please specify: _____ _____
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Health Insurance

1. Do you have health insurance? Yes No

2. Does this insurance cover eye care and dental? Yes No

3. How many household members have health insurance? _____. If yes carrier: _____

How did you hear about SPOTLIGHT LEARNING INSTUTUTE?

I certify that the above information is true to the best of my knowledge. I allow release of this information for the express purpose of determining program eligibility I understand that this information will be held I strict confidence.

Applicant's Signature: _____

Date ____/____/____

Staff Signature: _____

Date ____/____/____