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

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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 Non-binary No Answer

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 _____

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

Revised 5/2024

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

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

☐   Food Stamps
☐   WIC
☐   Other

23. 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

24. Other Data

Youthbuild	___Yes	___No

☐   Yes, Local Formula
☐   Yes, Statewide
☐   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 Only (update #26 - #28 each program year)

25. 5HS credits required to graduate   _____

26. # AHS credits transferred in   _____

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

28. Date first AHS course was attempted this program year   _ _/ _ _/_____

29. Date first AHS course was completed this program year   _ _/ _ _/ _____

30. Date AHS diploma was earned   _ _/ _ _/ _____

High School Equivalency

31. Date HSE earned   _ _ / _ _/ _____

32. HSE earned through GED/HISET/MPHSE   _____

33. HSE ID   _____

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

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Date	Test	Component	Scale	Level/Form	EFL
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____
_ _ / _ _ / _ _ _ _	_____	_____	_____	_____	_____

35. Future Service (Students must sign below confirming intent to return at scheduled date of service)
Date of Future Service: _ _ / _ _ / _ _ _ _ Student Signature: _____