



LITERACY COUNCIL
OF THE BLACK HILLS
Student Registration

Name: _____ Date: _____

Address: _____

Email: _____ Phone: _____

Times available for tutoring: _____

How did you learn about us? _____

Learning Goals: _____

The following information is needed for our record keeping and funding purposes:

Gender: Male _____ Female _____

Birth year: _____

Race (check one):

Level of Education (check one):

White / Caucasian _____

Less than 12th grade _____

Native American _____

High school diploma/GED _____

Asian _____

Some college _____

Hispanic / Latino _____

Undergraduate degree _____

African American _____

Graduation degree _____

Multi-Racial _____

Unknown _____

Other _____

Home Country: _____

English Language Learner: YES / NO

USA Military Veteran? YES / NO

ELL Level: Beginner / Intermediate / Advanced

Number of children under 18: _____

Number of children over 18: _____

Job / Name of Workplace: _____

Do you have a preference for a male or female tutor, or either? *Please note: we will do our best to accommodate your preferences, but may not always be able to do so.*

Male _____

Female _____

No preference _____