



**North Alabama Center for Educational Excellence**  
 513 Sparkman Drive  
 Huntsville, AL 35816  
 256.372.4600



## INTAKE FORM FOR ADULT EDUCATION PROGRAM

**Client Information:**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Highest Grade Attained: \_\_\_\_\_ Are you a veteran?  Yes  No

Are you a U.S. citizen?  Yes  No If no: Permanent Resident # \_\_\_\_\_

Did either of your parents complete a 4-year degree?  Yes  No

Have you ever been enrolled in any NACEE program?  Yes  No

If yes, which one?  EOC  ETS  VUB  UB  UBMS

How did you hear about our program? \_\_\_\_\_

**Check the appropriate boxes for the services requested:**

- GED
  - ASVAB
  - COMPASS
  - Tutorial assistance
  - Refresher course
- Subject(s): \_\_\_\_\_
- Subject(s): \_\_\_\_\_



**FOR OFFICE USE ONLY**

Client was referred to:  EOC  ETS  VUB  UB  UBMS  Other

Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_