



# HMONG CULTURAL CENTER

**Koom Haum Hmoob Kab Lis Kev Cai**

**995 University Avenue West - Suite 214, Saint Paul, Minnesota 55104  
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## Hmong Language Class Intake Form

INTAKE DATE: \_\_\_\_\_ DATE OF ENTRY: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
                                NUMBER AND STREET          CITY          STATE          ZIPCODE  
HOME PHONE NUMBER: \_\_\_\_\_  
EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ WIDOW \_\_\_\_\_  
ETHNICITY: AMERICAN INDIAN \_\_\_\_\_ ASIAN \_\_\_\_\_ BLACK \_\_\_\_\_ HISPANIC \_\_\_\_\_ WHITE \_\_\_\_\_  
HOW DID YOU LEARN OF THIS CENTER? \_\_\_\_\_

**YOUR PRIVACY RIGHTS**

Sometimes counselors, human services agencies, public housing, employers, training programs, other schools, and post secondary Institutions request information from us such as attendance, schedules, test scores, and teacher comments.

Do we have your permission to release this information to the agency or institution that requests it?

I give my permission: Yes \_\_\_\_\_ NO \_\_\_\_\_

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

Paid Fee: Yes \_\_\_\_\_ No \_\_\_\_\_