



BR ESL

Student Application / Information Form

Personal Information

Date: _____
 First Name: _____ Last Name: _____
 Street Address: _____ City: _____ Zip: _____
 Phone: _____ Cell Phone: _____ Contact Name: _____
 Contact Phone: _____ Email: _____
 Gender: Male Female Birth date: Month _____ Day _____ Year _____

Race: American Indian/Alaskan Native Asian/Pacific Islander
 Black /African American Hispanic/Latino
 White - Not Hispanic

Highest Level of Education: _____
 Able to speak English? Y/N _____
 Able to read English? Y/N _____

Referral Type: TV/Radio
 Friend/Family Member
 Employer
 Library
 Special Event
 Other Agency
 Poster
 Newspaper
 Other Student
 Other _____

Occupation: _____
 Employer: _____
 Address: _____ Phone: _____

Employed: Full Time Part Time Retired Unemployed Seeking Work
 Available: Morning Afternoon Evening Weekends Times: _____
 Suggested Tutoring Location: _____ Drives: Yes No
 Goal (Main reason for participating): _____

ESL Only

Birth Country: _____ Length of time in U.S. _____ U.S. Citizen? Yes
 Primary Language: _____ Number of Years Studied English _____ No

Agreement

I am willing to attend regularly scheduled tutoring sessions for one year. _____
 (Student signature)

Interviewed by: _____

Office Use

- | | |
|--|--|
| <u>ESL</u> | <u>BR</u> |
| <input type="checkbox"/> Beginning/Pre-Beginning ESL | <input type="checkbox"/> Beginning/ Pre Beginning |
| <input type="checkbox"/> Low Beginning ESL | <input type="checkbox"/> Beginning Basic Skills |
| <input type="checkbox"/> High Beginning ESL | <input type="checkbox"/> Intermediate Basic Skills |
| <input type="checkbox"/> Low Intermediate ESL | <input type="checkbox"/> Advanced Basic Skills |
| <input type="checkbox"/> High Intermediate ESL | <input type="checkbox"/> Adult Secondary |
| <input type="checkbox"/> Advanced ESL | <input type="checkbox"/> Advanced Adult Secondary |
| <input type="checkbox"/> Adult Secondary | |
| <input type="checkbox"/> Proficient Skills | |