

# ESL-LITERACY-CITIZENSHIP-GED



## Adult Education Classes – Registration Form

Library Branch: \_\_\_\_\_ Date: \_\_\_\_\_

**Circle one:**                      New Student                      Returning Student

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**Personal Information**

NAME: \_\_\_\_\_  
   First Name                      Middle Name                      Last Name

ADDRESS: \_\_\_\_\_  
   Street                                      City/State/Zip Code                      County

E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

If needed, name and telephone number of an English-speaking contact person:  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Birthplace: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Degrees or Certifications: \_\_\_\_\_

Years of School Completed (0-18+ years): \_\_\_\_\_ Educated in the USA \_\_\_\_\_ outside the USA \_\_\_\_\_

What year did you enter the USA?: \_\_\_\_\_ Previous English classes: \_\_\_\_\_

Do you qualify for government assistance?: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you employed?: Yes \_\_\_\_\_ No \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Previous Occupation: \_\_\_\_\_

If you have children, what are their ages?: \_\_\_\_\_

What are your goals?: \_\_\_\_\_

How did you hear about this program?: \_\_\_\_\_

When can you come to class? (Be specific - Weekdays, Saturdays, Mornings (9 AM – 12 PM),  
Afternoons (12 PM – 6 PM), Evenings (6 PM – 9 PM)):

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**Class Information – Please circle**

   ESL                      ABE/Literacy                      Citizenship                      GED

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**FOR OFFICE USE ONLY**

Assessment Scores:

DAR: \_\_\_\_\_ Level: \_\_\_\_\_ Waitlist: \_\_\_\_\_  
Step Forward: \_\_\_\_\_ Class: \_\_\_\_\_ Inactive: \_\_\_\_\_  
Future: \_\_\_\_\_ Tutor: \_\_\_\_\_