



New Student Returning Student

ESOL Learner Registration Form

Date _____

Gender Woman Man

Birth Date ____/____/____
Month Day Year

Age _____

Name _____ Nickname: _____
(First Name) (Middle Name) (Last Name)

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

[Telephone] Home _____ Cell _____

Email Address _____

Race Asian Black or African American Hispanic Middle Eastern White

What country are you from? _____ Year arrived in the US: _____

How did you hear about the English class? (Please circle one)

Flyer/Sign | School | Friend | Internet | Employer | Other

Current Employment Status:

Unemployed but looking for work Unemployed and not looking for a job

Part-Time Full-Time Retired

What is your job? _____

Home Country Job: _____ None

Education: How many years of school did you complete in your country (Please circle one)

0 1 2 3 4 5 6 7 8 9 10 11 12 Bachelors Masters Doctorate

What languages do you speak? Native: _____, _____, _____

Have you studied English before? YES NO

How well can you read your native language?	1 Not at all	2	3	4	5 A Lot
How well can you write your native language?	1 Not at all	2	3	4	5 A Lot
How well can you read English?	1 Not at all	2	3	4	5 A Lot
How well can you write English?	1 Not at all	2	3	4	5 A Lot

Are you taking class now? YES NO

If YES, where? _____

What is your class called? _____

First Meeting:	Second Meeting:	Fee Paid? <input type="checkbox"/> Date:
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Do you own or use any of the following? (Check all that apply)

None Computer Smart Phone Tablet Basic Phone Other: _____

Do you have internet access at home? Yes No

Reason for studying and goal (Check all that apply):

Citizenship Driver's License Improve Education Get a job Better job Other: _____

Family & Income

How much money do **you** make in a year? \$ _____

If yearly income is unknown: Please indicate if weekly, bi-weekly, or monthly

How much money do **you and your family** make in a year? \$ _____

Including you, how many family members live in your home? _____

How many children do you have in your home? _____

How old are your children? _____

Emergency Contact Information

Name of English-Speaking Contact: _____ Phone #: _____ Relationship: _____

I give Blue Ridge Literacy permission to use my name, image, and/or statements in printed and online materials to promote adult literacy, English as a Second Language, and BRL events. I understand that neither I nor Blue Ridge Literacy will be paid for the use of either my name or picture

Signed _____ Date _____

I do not consent I do consent

PROGRAM STAFF USE ONLY

Class

Citizenship
 ME ESOL _____
 Tutoring
 Off Site _____

Payment

Scholarship Full Payment
 Payment Plan _____
Amount Paid: _____
 Cash Card Check # _____

Availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning 9-12 pm							
Afternoon 12-5pm							
Evening 5-10pm							

Transportation (Bus, Car, Walk):

Tutor preference: Female Male No Preference

Possible Site (e.g., Raleigh Court, Main Library):

Notes: