

(Office use only)

Staff Initials: _____

Sierra checked: _____

Level: _____

LEFA HS

Class: _____

Level: _____

LEFA HS

Class: _____

Student Application

Please Print Clearly

(Office use only)

Today's Date ____/____/____
MM DD YY

Circle or write your answers accordingly

Full name _____
First Middle Last

Male _____ **Female** _____

Date of Birth ____/____/____
MM DD YY

Street _____ **Town** _____ **Zip Code** _____

Phone _____ (Home _____ Cell _____) **Can we call:** Yes No **Can we text:** Yes No

Email address _____@_____ **Rate Your English:** (a little) 0 1 2 3 4 5 (a lot)

Primary Language _____ **Native Country** _____

Do you have a library card? Yes No
*You must have/get a library card to participate in our program
Last 4 digits of your card _____

Have you applied to our program before? Yes No **If YES, what year?** _____

How did you find out about our program? Family Friend Church School Other _____

Highest Level of Education completed in your country: K 1 2 3 4 5 6 7 8 9 10 11 12 university

Have you studied in the U.S.A.? Yes No **If YES, where?** _____

Are you employed? Yes No **Occupation?** _____

How will you get to class? Walk - Bike - Drive - Bus - Taxi - Friend/Family - Other _____

Do you have children living with you? Yes No **Age(s)** _____

Mark ✓ all days and times that you are available for classes:

	<i>Morning</i> 9:30-11:30	<i>Evening</i> 7:00-8:45
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Child care is available!
(18 months-12 years)
**Must complete an application
and agree to the Guidelines**