



STUDENT APPLICATION

(Office use only)

Date _____

PLEASE PRINT CLEARLY

Name _____ Male _____ Female _____ Age _____

Street _____ Town _____ Zip _____ Date of Birth _____ / _____ / _____
MM DD YY

E-mail _____ OK to send mail? Yes _____ No _____

Phone (Home) _____ OK to call at home? _____

(Work) _____ OK to call at work? _____

Contact Person _____ Ever applied to our program before? Yes _____ No _____

(English Speaking)

Daytime Phone _____ Are you employed? Yes _____ No _____

Which program are you interested in? (Choose only one):

BASIC LITERACY _____
(Reading & Writing English)

WHERE ATTENDED SCHOOL? _____

LAST GRADE COMPLETED _____

ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) _____
(Speaking, Reading & Writing English)

PRIMARY LANGUAGE _____

NATIVE COUNTRY _____

Check here if applicant speaks no English

When are you available to meet with a tutor? (Check as many as possible):

	Morning	Afternoon	Eve		Morning	Afternoon	Eve		Daytime
Monday	_____	_____	_____	Thursday	_____	_____	_____	Saturday	_____
Tuesday	_____	_____	_____	Friday	_____	_____	_____	Sunday	_____
Wednesday	_____	_____	_____						

Most tutors and learners meet at the library. What libraries are you able to get to?

1st Choice _____ 3rd Choice _____

2nd Choice _____ 4th Choice _____

How will you get to the library? Drive Myself _____ Bus _____ Taxi _____ Friend/Family _____

(Check one)

Other _____

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