



STUDENT APPLICATION

DATE _____

(Office use only)

PLEASE PRINT

Name _____ Male _____ Female _____

Address _____ Town _____ Zip Code _____ Date of Birth / /
MM DD YY

E-mail _____

Phone (Home) _____ Phone (cell) _____

Contact Person _____ Have you ever applied to this program? Yes ___ No ___
(English Speaking)

****Sessions are two hours per week and you must be able to attend for 12 consecutive months****

In which program are you interested? (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	Evening		Morning	Afternoon	Evening		Daytime
Monday	_____	_____	_____	Thursday	_____	_____	_____	Saturday	_____
Tuesday	_____	_____	_____	Friday	_____	_____	_____	Sunday	_____
Wednesday	_____	_____	_____						

Two preferred libraries:

1st Choice _____ 2nd Choice _____

**Mail to: Literacy Suffolk 627 N. Sunrise Service Rd, Bellport, NY 11713 or email to: Admin@LiteracySuffolk.org
(631) 286-1649 • Fax: (631) 286-1668 • www.LiteracySuffolk.org**