

CLASS _____

DATE _____

West Warwick Public Library ESL Program

STUDENT REGISTRATION FORM

First Name _____ Last Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Telephone Number _____ Cell # _____

E-mail address _____

Names of children attending children's class _____ Date of Birth _____ Age _____
_____ Date of Birth _____ Age _____

1. What country are you from? _____

2. How long have you been in the U.S.? _____

3. Did you study English in your country? Yes _____ No _____ How long? _____

4. Have you studied English in the U.S.? Yes _____ No _____ How long? _____

5. Are you working now? _____ If yes, what is your job? _____
What was your job in your native country? _____

6. When people speak English to you, how much do you understand? Check the amount.

_____ everything _____ most _____ some _____ a little _____ very little

7. When you watch TV, how much do you understand?

_____ everything _____ most _____ some _____ a little _____ very little

8. When you speak English, how much do other people understand?

_____ everything _____ most _____ some _____ a little _____ very little

9. Order the skills you need from 1 to 6. Number 1 is most important and number 6 is least important.

_____ Reading _____ Writing _____ Listening _____ Speaking _____ Vocabulary _____ Pronunciation

Library card number _____

SES/06/12