

LITERACY VOLUNTEERS OF AMERICA-MONROE COUNTY, INC.

1400 United Street, #109, Key West. FL 33040

(305) 294-4352 FAX: (305) 296-13337

Outside Key West call 1-800-LVA-KEYS (1-800-582-5397)

STUDENT APPLICATION
ENGLISH AS A SECOND LANGUAGE

Today's Date: _____ SSI# _____

Name (First, Middle, Last): _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ OK to call ___ Yes ___ No ___

Country of Birth _____ Native Language _____

Date of Birth (Month, Day, Year) _____

Marital Status: Married ___ Single ___ Number of Children _____

How long have you been in the United States? _____

How much longer do you think you will be in the United States? _____

Are you planning to be a permanent resident? ___ Yes ___ No ___ Not sure

Do you have transportation? ___ Yes ___ No ___ Car ___ Bicycle ___ Other

Are you interested in the LVA Family Literacy Program? ___ Yes ___ No

Are you interested in the Hospitality Industry Vocational Training? ___ Yes ___ No

Are you interested in ESL or Storytelling for Seniors? ___ Yes ___ No

Are you interested in Civics classes? ___ Yes ___ No

REASONS FOR WANTING TO LEARN ENGLISH
STUDENT GOALS, LONG-TERM AND SHORT-TERM

Communicate better ___ Get a job ___ Obtain citizenship ___ Get a better job ___

Keep the job I have ___ Get a different job ___ Get a driver's license ___ Get a GED ___

Learn to speak in English to my children's teacher ___ Improve confidence ___

Increase reading and writing skills ___ other ___

Profession in native country: _____

Last grade completed _____

Profession in United States: _____

Employed? ___ Yes ___ No Employer Name: _____

Days you can meet with your tutor (circle):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times you can meet with your tutor: _____

Special interest or hobbies _____

Referred by: _____

"An Affiliate of Pro Literacy America"

All services provided without regard to the client's race, color, disability, or national origin
as required by Title VI of the Civil Rights Act.

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BASIC READ STUDENT APPLICATION

TODAY'S DATE: _____ SSI# _____

NAME (FIRST, MIDDLE, LAST): _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____

WORK PHONE _____ OK TO CALL __ YES __ NO __

DATE OF BIRTH (MONTH, DAY, YEAR) _____

MARITAL STATUS: MARRIED _____ SINGLE _____

NUMBER CHILDREN _____

DO YOU HAVE TRANSPORTATION?

__ YES __ NO __ CAR __ BICYCLE __ OTHER _____

I WISH TO:

_____ IMPROVE READING SKILLS

_____ IMPROVE WRITING SKILLS

_____ OBTAIN A JOB

_____ OBTAIN A BETTER JOB

_____ OBTAIN CONFIDENCE

_____ OTHER _____

EMPLOYED? __ YES __ NO EMPLOYER NAME: _____

DAYS YOU CAN MEET WITH YOUR TUTOR (CIRCLE):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

SATURDAY SUNDAY

TIMES YOU CAN MEET WITH YOUR TUTOR: _____

SPECIAL INTEREST OR HOBBIES _____

REFERRED BY: _____

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