



425-350-2657



Meraki.Consultants

MERAKI CONVERSATIONAL CLASS**REGISTRATION FORM**

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

EMAIL: _____

EMERGENCY CONTACT
INFO. _____

FOR HOW LONG HAVE YOU BEEN IN THE USA: _____

COUNTRY OF ORIGIN/: _____

WHY DO YOU WANT TO LEARN ENGLISH/SPANISH/ARABIC? (Circle
one) _____

_____WHAT IS YOUR BIGGEST BARRIER AT WORK AND DAILY LIFE IN REGARDS OF
ENGLISH/SPANISH/ARABIC?

HITGHEST LEVEL OF EDUCATION:

LEVEL OF TARGET LANGUAGE ENGLISH/SPANISH ARABIC 10 (1 lowest and 10 highest)

SPEAK	UNDERSTAND	READ	WRITE
1-10	1-10	1-10	1-10

HAVE YOU TAKEN CLASES FOR THE TARGET LANGUAGE? WHERE? WHEN?
FOR HOW LONG DID YOU ATTEND SCHOOL?

PREFERRED SCHEDULE:

- MONDAY-FRIDAY 6PM-8PM ○ SUNDAYS 10AM-12PM

WHAT DO YOU EXPECT FROM THIS CLASS?

INTERESTING/FUN FACT ABOUT
YOU.(HOBBY,STORY,JOKE) _____

