



**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 \_\_\_\_\_ 2<sup>nd</sup> 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**