

West Warwick Public Library Family Literacy Program

STUDENT REGISTRATION FORM

Date _____

First Name _____ Last Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Telephone Number _____ Cell # _____

E-mail address _____

Names of children _____ Age _____
attending children's

class _____ Age _____

1. What country are you from? _____

2. What language(s) do you speak? _____

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

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

5. Have you studied English in the U.S.? Yes ___ No ___ How long? _____ Where? _____

6. Are you working now? _____ If yes, what is your job? _____

What was your job in your native country? _____

7. Do you have a library card? _____ Please write in the number _____

How did you find out about the English classes at the library? _____

8. Why do you need to learn more English? Is there a specific area you would like to work on?

