

Pleasanton Library Literacy Program  
STUDENT REGISTRATION FORM

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Family (Last) Name: \_\_\_\_\_

Address: \_\_\_\_\_, CA \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check all the days of week that you are available for lessons:

M \_\_\_\_ Tu \_\_\_\_ W \_\_\_\_ Th \_\_\_\_ F \_\_\_\_ Sat \_\_\_\_

Please check all the times you are available for lessons:

Weekdays: Mornings (10-12pm)  Afternoons (12-3pm)  Afternoons (3-6 pm)

Evenings (6-9 pm)

Weekends

Do you come to English conversation classes at the library? \_\_\_\_\_

Are you enrolled in other English classes? \_\_\_\_\_

Education – What is the highest grade you completed? \_\_\_\_\_

Have you been tutored here before? \_\_\_\_\_

Ages of children at home: \_\_\_\_\_

Ethnicity: Asian \_\_\_\_ Black \_\_\_\_ Latino \_\_\_\_  
Native American \_\_\_\_ Pacific Islander \_\_\_\_ White \_\_\_\_

Where were you born? \_\_\_\_\_ Age: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

What skill or goal would you like to work on? \_\_\_\_\_  
\_\_\_\_\_

Assigned to tutor: \_\_\_\_\_ Date: \_\_\_\_\_

Basic: \_\_\_\_ ESL: \_\_\_\_

Notes: \_\_\_\_\_