

# STUDENT APPLICATION - FALL 2019

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\*\*\*Filling out this application does NOT mean you will have a tutor\*\*\*

\*\*\*You MUST fill out the **front** and **back** of the application\*\*\*

We will contact you if we have a tutor for you.

1. Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

2. Date \_\_\_\_\_

3. Student ID# \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_

5. Preferred Pronouns (circle one)      He/Him                      She/Her                      They/Them

6. What class are you in? (circle one)

**ESL 1**      **ESL 2**      **ESL 3**      **ESL 4A**      **ESL 4B**      **ESL 5A**      **ESL 081**

**ABE** \_\_\_\_\_      **GED** \_\_\_\_\_      **HS21** \_\_\_\_\_

7. Nationality \_\_\_\_\_ 7. Language(s) \_\_\_\_\_

8. Do you identify as having a disability you would like your tutor to know about? (OPTIONAL)

☐ Learning disability \_\_\_\_\_ ☐ Physical disability \_\_\_\_\_

9. What is the best way to communicate with you?      ☐ phone      ☐ email      ☐ in class

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

10. Did you ask for a tutor last quarter?      ☐ Yes      ☐ No

11. Did you have a tutor last quarter?      ☐ Yes      ☐ No

12. Are you repeating a class this quarter?      ☐ Yes      ☐ No

13. Anything else you want us to know? \_\_\_\_\_

Tutors and students meet 1 or 2 times a week for 1 hour.

\*Mark 6 PM only if you do not take evening classes.



**5**  
**High**

- ☐ comprehension
- ☐ sight reading/decoding
- ☐ identify main ideas
- ☐ vocabulary practice

*Please return completed form to room 3124. If the door is closed, you can put them in the mailbox on the door.*