



ESL Registration Form

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday (mm/dd/yy): \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Primary Language: \_\_\_\_\_

Home Country: \_\_\_\_\_

Are you married?  Yes  No Spouse Name: \_\_\_\_\_

Returning Student:  Yes  No

Do you attend a church?  Yes  No

Which church? \_\_\_\_\_

How did you hear about our ESL Classes?  ESL Flyer  Facebook  
 Friend  Lakota Schools  Library  Internet  Email  
 Yellow Sign  Other \_\_\_\_\_

(check all that apply)

Do you have children?  Yes  No

What are their names and birthdays? (Children under 18)

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