



YOU CAN DO THIS. AND WE WILL HELP!

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

HOME PHONE & MOBILE

EMERGENCY CONTACT

PHONE

STUDENT AGE | DATE OF BIRTH

LAST SCHOOL ATTENDED

LOCATION OF SCHOOL

HIGHEST GRADE COMPLETED

LAST YEAR ATTENDED

NUMBER OF CHILDREN

AGES

NATIVE COUNTRY

NATIVE LANGUAGE

YOUR CLASS TIME PREFERENCE

DAY

EVENING

WOULD YOU LIKE TO REGISTER FOR

FULL TIME

OR PART TIME

EMPLOYER

PHONE

DUTIES

SUBJECT STRENGTH (ON A SCALE OF 1 TO 5, 5 BEING THE STRONGEST)

READING

SCIENCE

MATH

WRITING

SOCIAL STUDIES

Please fill in the fields above and after saving, please email to valredd44@gmail.com.