

ST. MICHAEL PARISH - CY 2025-2026 ESL STUDENT ENROLLMENT FORM

1. **Today's Date:** ____/____/____ 2. **I am a:** ____ New Student ____ Returning/Continuing Student

3. **Name:** _____
Last Name First Name Middle Initial

4. **Birth Date:** ____/____/____ 5. **Age:** ____ 6. **Male / Female** (circle one)

7. **Mailing Address:** _____
(Number and Street or P.O. Box)

City State Zip code

8. **Home Phone:** (____) _____ 9. **Country of Birth:** _____

10. **Cell Phone:** (____) _____ 11. **Email:** _____

12. **Emergency Contact:** (Name) _____ (Phone) _____

13. **How far have you gone through school?** (Grade) 0 1 2 3 4 5 6 7 8 9 10 11 12 over 12
____ Completed High School ____ Some College ____ Completed College (2 or 4 yrs)

14. **Goal(s)/Reason(s) for learning the English language:** _____

15. **Are you working right now?** ____ Yes ____ No

16. **Do you have any disabilities or concerns that would make coming to or participating in classes difficult?** (e.g., vision or other health problems; work schedule; financial or transportation situation, etc.).
____ Yes ____ No Describe: _____

17. I understand and authorize photographs of myself, taken during the course of this ESL Program, to be used by the St. Michael Parish for promotional purpose. Student's initials: _____

FOR CHURCH OFFICE USE ONLY

Evaluator's Name: _____ Date: ____/____/____

Recommended Level: (circle one) Beginner/Introduction / Level I / Level II / Level II / Level IV

Class: _____ Instructor: _____

Amount paid: \$ _____ Date: ____/____/____