Adult ESOL Class Registration Form

Name (Last) ___________________ (First) ___________________ Country of Birth ____________

Chinese Name ___________________ Sex _______ Date of Birth ____________

Address _______________________________ City ___________ State ____ Zip Code ______

Telephone (Home) _______________ (Work) ___________ (Cell) ___________ Email _____________

Emergency Contact Person _______________ Telephone _______________

Class registered Pronunciation ☐ ESOL I ☐ ESOL II ☐ ESOL III ☐ Conversation ☐ Citizenship ☐

Education: Advanced Degree ☐ Bachelor Degree ☐ High School ☐

Working Experience (current and past):
________________________________________________
________________________________________________
________________________________________________

Primary Learning Goal (choose no more than two) 學習英文的目的 (不超過兩項):
Education ______ Family ______ Working ______ Citizenship ______ Daily Living ______

Signature ___________________________ Date ___________________

Class ______________________ Registration/Book Fees/CCACC Member ID ____________________

Ver. 08/25/2020