



**ESL Online  
STUDENT ENROLLMENT FORM**

Today's date \_\_\_\_\_

Class Code \_\_\_\_\_



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone #

**Gender:**

Male

Female

**Labor Force Status:**

Employed

Unemployed

Not looking for a job

**Are you  
Hispanic/Latino? (Check One)**

Yes

No

**Race (Check all that apply)**

American Indian or Alaska Native

Asian

Black or African American

White

Native Hawaiian or Pacific Islander

**How did you learn of this program ( check one)**

Newspaper

Family

Poster

Friends

Radio

Drop out Referral

School

Service Agency

**Last School District Attended** \_\_\_\_\_

**Secondary Status (select all that apply) Goals for attending (select two)**

Low Income

Obtain a Job

Dislocated Homemaker

Retain current job

Single Parent

Secondary diploma or GED

Dislocated Worker

Work-based project learner

Learning Disabled

Basic Literacy

Probation & Parole

English Language

Living in rural area

Obtain citizenship

Disabled

Other personal goals

**Referred by:**

Caring community

Missouri career center

Community action plan

Parents fair share

Drug court

Probation and parole

Employer

Social Security Admin

Family services division

Veterans Admin

Military recruiter

Vocational Rehabilitation

**Computer Information**

Do you have a computer at home?

Yes

No

Does your computer have speakers?

Yes

No

Does your computer have a microphone?

Yes

No

It is understood that I will work online a minimum of two hours per week. I also understand that I must return to a local ESL class to post test every 90 days.

I give my consent for information from my file to be released for law enforcement purposes, employment opportunities, publicity, scholarship applications, and/or other legitimate purposes.

For office use only

Please fax completed enrollment form to 636-938-2423 or email to holmeswcody@rockwood.k12.mo.us

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

