

English as a Second Language
Bergenfield Library

Adult Registration Form

First Name: _____ Last Name: _____

____ Male ____ Female ____ Other

Are you at least 18 years old?

Street Address 1:

Street Address 2:

City & State

Zip Code:

Phone:

Email:

Library Card Number:

Native Country: _____ Native Language: _____

Do you have access to a phone/computer for remote lessons? __Yes __ No

What days are you available? __M __T __W __Th __F __Sat __Sun

What times are you available? **(Please put specific hour ranges)** ____ Mornings (10-12)____ Afternoons (12-4) ____ Evenings (5-8:30)

Do you prefer in-person classes at the Bergenfield Library ____ or remote Zoom classes ____?

School Completed: ____1-8 ____9-12 ____ College ____ Graduate

What is your level of English? __ Beginner __ High beginner __ Low Intermediate __ Intermediate
__ Advanced

How long have you been in the United States?

Do you plan to live in the area for at least one year?

What are your hobbies/special interests?

What are your English goals?

Are you interested in our Citizenship class?

How did you hear about our ESL Program?

Return to nrondon@bergenfieldlibrary.org After we receive your form, we will contact you to set up a brief interview.