

**PROLITERACY AMERICA/BEAUMONT PUBLIC LIBRARY SYSTEM  
CONFIDENTIAL STUDENT ENROLLMENT**

**DATE:** \_\_\_\_\_

**Requirements to be eligible to apply as a student:**

1. Be 18 years or older and not have been enrolled in regular school for at least 6 months. (Participants who are 16 years of age must have a court order and 17 years of age must have parent or guardian written permission to participate in the program.)
2. Agree to meet at an approved site and be able to get to and from the site without assistance of the tutor or the program.
3. Be willing to commit to at least 1-4 hours per week and 36 weeks per year of instructional time as agreed upon between tutor and student.
4. Demonstrate the ability to attend to task for at least 60 minutes.
5. Demonstrate behavior appropriate to learning with a tutor.

\*\*Other requirements for instruction as a reading student or English as a Second Language student will be reviewed at time of evaluation.

Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ OK to Call? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ OK to Call? Yes \_\_\_\_\_ No \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ OK to Call? Yes \_\_\_\_\_ No \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Marital Status: M \_\_\_ S \_\_\_ D \_\_\_ W \_\_\_

Parent: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Native Language: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

How many years of schooling have you had? \_\_\_\_\_ Where did you go to school? \_\_\_\_\_

Were you ever in 'Special Education' or 'Resource Classes'? \_\_\_\_\_

Did you ever attend an alternative school? \_\_\_\_\_

(over)

Did you graduate from high school? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what circumstances caused you to discontinue your education? \_\_\_\_\_

Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If employed, what is your occupation? \_\_\_\_\_ Income \_\_\_\_\_

Are you receiving a disability check? \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Do you have a case-worker or probation officer who will need reports from us? Yes \_\_\_\_\_ No \_\_\_\_\_

What days and times are you available for study? \_\_\_\_\_

Do you have transportation so that you can attend your study sessions? \_\_\_\_\_

What is your reason for wanting to improve your skills? \_\_\_\_\_

Do you need or wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

When was your last eye examination? \_\_\_\_\_

Do you wear a hearing aid? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any other issues or challenges you have which might affect your ability to focus and/or reach your academic goals? \_\_\_\_\_

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

**Office Use Only**

\$10.00 Student Registration Fee Paid     Cash     Check     Money Order     Other