

**Student Information**

***Kim*** ***Paola*** ***347-412-7984***  
Last Name First Name Phone number

***179-21 Jamaica Avenue*** ***Jamaica NY 11432***  
Address City State Zip Code

**pkim@gmail.com** Arrived \_\_\_/\_\_\_/\_\_\_ Marital Status  Divorced  Single  
Email address

***Brazil*** ***April 29, 1980*** ***32***  
Country (place of birth) Date of birth Age

\_\_\_\_\_  
Last Name First Name Phone number

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Email address  Married  Divorced  Single

\_\_\_\_\_  
Country (place of birth) Date of birth Age

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

What is the best way to contact you?












- phone     
  text message     
  email     
  postal mail

I want to learn computers.       yes       no

I can study at home.       yes       no

I want "online" homework       yes       no

I want to study English on my phone       yes       no

I want to study about.... <b>CHOOSE 3</b>	
 <input type="checkbox"/> Alphabet	<i>What's your name?</i> <i>Where are you from?</i> <input type="checkbox"/> Questions
 <input type="checkbox"/> Numbers	 <input type="checkbox"/> Conversation
 <input type="checkbox"/> Shopping	 <input type="checkbox"/> Weather
 <input type="checkbox"/> Money	 <input type="checkbox"/> Directions
 <input type="checkbox"/> Health Talking to the doctor	 <input type="checkbox"/> Housing
 <input type="checkbox"/> Work/Jobs	 <input type="checkbox"/> Food