

STAMFORD ENGLISH LANGUAGE ACADEMY *Fall 2017*

Adult Learning Center 369 Washington Blvd., Stamford, CT-ESL REGISTRATION

Date: _____, 2017

Please check one: Former SELA Student
Former ESL Student New Student

PLEASE PRINT ALL INFORMATION CLEARLY

School Attended _____

Ms. ___ Mrs. ___ Mr. ___

Name: _____ (Last) _____ (First)

Date of Birth _____
Month/Day/Year

Address: _____ Apartment #: _____

City: _____ State/Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Native Country: _____ E-mail Address: _____

Occupation in Native Country: _____ Did you finish secondary (high) school? YES _____ NO _____

Did you attend a university? YES _____ NO _____ If yes, how many years? _____

Did you receive a university degree? YES _____ NO _____ Name of degree? BA/BS _____ MA/MS _____ Other _____

How did you hear about the program? () relative, friend _____ () former school _____ () newspaper _____ () internet _____

****Refunds will be processed according to the following:***

100% refund (less \$10 registration fee) Cancellation must be made in writing and received before August 18, 2017	50% refund (less \$10 registration fee) Cancellation in writing and must be received one week prior to the start date of class
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I have read and understand the cancellation and refund policy of the SELA. _____

(signature)

Registration and Placement fee due at Scheduled Appt. Check * _____ Money Order * _____ Cash _____

* Make Check and Money Order Payable To: Stamford Adult Education (Remember to *sign your name*)

*Registration Fee for All Students: \$10

* Placement Test Required for New Students: \$20

To schedule your preferred registration appointment for course selection and placement test complete and email this form to msabiaodonnell@stamfordct.gov or fax to (203)324-9441

Please email completed form to msabiaodonnell@stamfordct.gov and we will contact you to schedule an appointment.