Hartford Public Library Citizenship Education Intake Form

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Contact Information	<u>on</u>												
First Name:						MI: _	Last Name:						
Address:							_ City:		Zip	Code:			
Phone:				c	Cell:				Best time	e to call:	AM □PM		
Email Address:													
Personal Information							Education						
Gender: □M □F							High School Diploma: □Yes □No						
Date of Birth://							Last grade completed:						
Country Born:						_	School/Location:						
First Language:						_	College/University: □Yes □No						
			1				Collegi	e/Offive	isity. Lites				
Library Card Holder: □Y □N Familiar with compu							rs: □Y	/ □N Home Internet Access: □Y □N					
Registered for Selective Service (male ages 18 to 26): ☐Yes ☐No ☐N/A													
Planning to submit application:													
If no, then when? Within 3 months? \square Within 6 months? \square Within 1 year? \square													
Submitted Application Fingerprints Completed:													
Interview Date: Is this your second interview? Yes No													
DO NOT WRITE BELOW THIS LINE													
FOR ISSUING OFFICE ONLY													
Last 4 digits of Gre	en Ca	ard					F	Residen	t Since:	//_			
Knowledge of Eng	glish	(1=low	est,	5=hig	hest)	Place	<u>ement</u>						
Reading	1	2	3	4	5	App	oplication Help Self-study Tutoring R W L						
Writing	1	2	3	4		Wa	iver		Beginner	Advanced	k		
Understanding		2	3	4	5	Tutor	or's name:						
Speaking	1	2	3	4	5	Teac	Teacher's Name:						
Comments						Pass	ed:	Date:	//	Y	Q		
						Faile	d:	Date:	//	Y	Q		
						Natu	ralized:	Date:	//	Y	Q		
Please have a staff member at The American Place verify your information before signing your this form. Make sure to bring your legal permanent residency card (green card) with you.													
I understand that research, and eva					s confid	lentia	l and wi	ill be u	sed only for p	rogram ad	ministration,		
Applicant Signature Required: Date:													