

Date _____

About You

Name _____

Address _____

Phone (home) _____ (mobile) _____ (work) _____

E-mail _____

The best way to contact me is by: home phone mobile phone work phone e-mail

When can you come?

Captain William Spry	15 Sussex Drive, Spryfield (902) 221-6758	<u>Tuesdays</u> <input type="checkbox"/> 1:00-3:00pm <input type="checkbox"/> 5:30-8:30pm	<u>Wednesdays (Rockingstone Heights)</u> <input type="checkbox"/> 9:30-11:30am
Halifax Central	5440 Spring Garden Road, Halifax (902) 497-4696	<u>Thursdays</u> <input type="checkbox"/> 3:00-6:00pm <input type="checkbox"/> 6:00-9:00pm	<u>Fridays</u> <input type="checkbox"/> 2:00-5:00pm
Halifax North Memorial	2285 Gottingen Street, Halifax (902) 497-4696	<u>Wednesdays</u> <input type="checkbox"/> 12:00-3:00pm <input type="checkbox"/> 6:00-9:00pm	<u>Fridays</u> <input type="checkbox"/> 10:00am-1:00pm
Keshen Goodman	330 Lacewood Drive, Halifax (902) 221-6758	<u>Thursdays</u> <input type="checkbox"/> 1:00-4:00pm <input type="checkbox"/> 5:30-8:30pm	

I want to improve my

- Reading Skills
- Writing Skills
- Computer Skills
- Math Skills
- Self-confidence
- Life Skills
- Other

What are your long-term learning goals?

- Become a fluent reader
- Finish high school
- Write the GED test
- Get into another program (which one? _____)
- Do training for my job
- Find a job
- Help my children with their homework
- Other goals

What is your educational background?

Confidentiality agreement

During and after my time as participant in the Adult Learning Program, I will do my best to attend tutoring sessions regularly and will treat my tutor, program Coordinator and other learners with respect.

Signed _____ Date _____

PROGRAM USE ONLY	Matched with:	Notes:
	Date:	

