

Jackson Mann Community School & Council, Inc

BCYF, Jackson Mann Community Center

500 Cambridge St. Allston, MA 02134 (T) 617- 635-5153 (F) 617- 635-5275

Providing services to the Allston-Brighton Community since 1976; Every Neighborhood, One Mission.

Adult Education Program



EMAIL: _____

PRINT NEATLY

Please provide us with an email. This is the way we may contact you when there is an opening on the waitlist. *Por Favor de dar una dirección de correo electrónico válida. Esta es la única forma de poder contactarnos en caso de que haya un espacio en la lista de espera.*



Priority is given to applicants whose goals include job search and improvement, job training, or entering higher education.

PLEASE PRINT CLEARLY. Answer all the questions.

Today's Date: _____
Month Day Year

First name: _____ Last Name: _____
(Write only one) (write only one)

Date of birth: _____
Month Day Year

Country of Birth: _____

Address: _____
Number Street Apartment number

City Zip Code

Phone Number (Mobile): _____ - _____ - _____
area code

Email address: _____ @ _____

Are you available evenings from 6:00pm-9:00PM to attend class? **Yes** _____ **NO** _____

Please check (✓) your goals:

Get a job Get a better job Get a High School Diploma

Go to college or get job training Other: _____

Did you fill this application out yourself? **Yes** **No**

Please write about your family. Continue on the back if needed.

Jackson Mann Community School & Council, Inc

BCYF, Jackson Mann Community Center

500 Cambridge St. Allston, MA 02134 (T) 617- 635-5153 (F) 617- 635-5275

Providing services to the Allston-Brighton Community since 1976; Every Neighborhood, One Mission.

Adult Education Program

ENGLISH

Advisor, Adult Education Program

Dwight Jarrat, 617-635-5153 x122

**PLEASE KEEP THIS PAPER AS YOUR
RECEIPT TO SHOW THAT YOU APPLIED.**

Thank you for applying to Jackson Mann
Community Center's ESOL Program.

You are now on the waitlist!

IMPORTANT! Contact us if:

- Your phone number or address changes
- Your availability for days or times changes

If we can't reach you when we have an opening,
we will take you off the waitlist after one year.

**ESOL classes meet from 6:00pm-9:00pm
weekday evenings.**

ESPAÑOL

**Consejero, Programa de educacion para
adultos**

Dwight Jarrat, 617-635-5153 x122

**Por favor conserve este documento como
comprobante para demostrar que usted solicito
el servicio.**

Gracias por aplicar al Programa de ESOL en el
Jackson Mann Community Center.

¡Ahora se encuentra en la lista de espera!

¡IMPORTANTE! Póngase en contacto con
nosotros sí:

- Su disponibilidad para los días/horas cambia
- Su numero de teléfono o dirección cambia

Si no le podemos alcanzar cuando tenemos una
abertura, lo llevaremos de la lista de espera
después de un año.

**Las clases de ESOL son de 6:00 pm- 9:00 p.m.
entre semana.**

OFFICE USE ONLY:

Application received by _____ Date: _____