

**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: \_\_\_\_\_

Do you have a job?  Yes  No

Where do you work? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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## **Adult Education Program**

### **ENGLISH**

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

Thank you for applying to Jackson Mann Community Centers' ESOL Program. You are now on the waitlist!

#### **IMPORTANT!**

Contact us if: Your phone number or address changes. If we can't reach you when we have an opening, we will take you off the waitlist after one year.

#### **Adult Education Director**

Dwight Jarrat  
[dwight.jarrat@jacksonmanncc.org](mailto:dwight.jarrat@jacksonmanncc.org)  
617-635-5153 x 122

#### **Career Advisor, Adult Education Program**

Elorah Louissaint,  
[elorah.louissaint@jacksonmanncc.org](mailto:elorah.louissaint@jacksonmanncc.org)  
617-635-5153 x122

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

### **ESPAÑOL**

**Por favor conserve este documento como comprobante para demostrar que usted solicitó 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 número 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.

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[elorah.louissaint@jacksonmanncc.org](mailto:elorah.louissaint@jacksonmanncc.org)  
617-635-5153 x122

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

OFFICE USE ONLY:

Application received by \_\_\_\_\_ Date: \_\_\_\_\_