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
Application For Hi-SET/GED Classes

Please print clearly. Answer all the questions.

Today's Date: _____ _____ _____
Month Day Year

First Name: _____ Last Name:_____
(Only One) (Only One)
Date of Birth: _____ _____ _____
Month Day Year
Country of Birth:_____

Address: _____ _____ _____
Number Street Apartment Number

_____ _____
City Zip Code

Telephone number (Mobile):_____ - _____- _____
Area code
Email Address:_____@_____

Have you been to another school for GED or ESOL classes? (circle one) YES NO

If the answer is yes, what is the name of the school? _____

What country are you from?_____

What is your main language?_____

How many years of school have you completed in the US?_____

If you are from another country, how many years of school did you complete there?_____

Do you work? (circle) YES NO

What is your job?_____

Please write about why you want to get your Hi-SET/GED. What do you want to do when you complete your Hi-SET/GED? Please write as much as you can so that we can get an idea of your writing.

OFFICE USE ONLY:

Application received by:_____ Date:_____

OFFICE INSTRUCTIONS:

1. Please make sure you can read the name, address, and telephone number. Ask the applicant to complete the whole form.
2. Sign and date Page 2 and 3.
3. Page 1-2 are the application. Please separate and place in Director's mailbox.
4. Give Page 3 to applicant to keep for their receipt.

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RECEIPT for Hi-SET/GED Application

IMPORTANT: Please keep this paper. It is proof that you applied to the program. If your address of phone number change, tell us immediately. If we cannot reach you, you will lose you place on the waiting list.

Today's Date: _____ _____ _____

Month Day Year

Thank you for your interest in our program!

Hi-SET/GED Classes are held from 6:00PM-9:00PM on Monday and Wednesday evenings.

We will contact you by phone or email when we have a space open. At that time you will take a placement assessment.

Dwight Jarrat
Adult Education Director
dwight.jarrat@jacksonmanncc.org
617-635-5153 x 122

Elorah Louissaint
Career Advisor
elorah.louissaint@jacksonmancc.org
617-635-5153 x 122

Application received by:_____ Date:_____