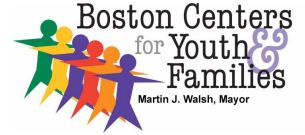




**Jackson Mann Community School & Council, Inc**  
**BCYF, Jackson Mann Community Center**

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 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

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? \_\_\_\_\_

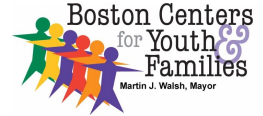
How many years of school have you completed in the US? \_\_\_\_\_

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? \_\_\_\_\_





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## **RECEIPT for Hi-SET Application**

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

**Today's Date:** \_\_\_\_\_

Month

Day

Year

Thank you for your interest in our program!

**Hi-SET 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.

Mary Ellen D'Angelo  
Director of Adult Education  
jmccdirector@gmail.com  
617-635-5153 x 129

Dwight Jarrat  
ABE Program Coordinator  
dwight.advisor@gmail.com  
617-635-5153 x 122

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