



LaPorte County, Inc.

Expanding opportunities for success

904 Indiana Avenue, La Porte, IN 46350

(219) 325-0875

www.readlaportecounty.org

www.facebook.com/readlaportecountyinc

Student Application

Personal Information:

Date: _____ Date you can start: _____

First Name: _____

Last Name: _____

Name of Responsible Adult in Household (If Under 18): _____

Gender: _____ Birthdate: _____

Race (Optional, Used for Some Statistical Reports): _____

Address: _____

City: _____ ZIP Code: _____

Home Phone: _____ Cell/Other Phone: _____

Best Time to Call: _____ Email Address: _____

Employed? (Full Time, Part Time, Retired, Unemployed, etc.): _____

Occupation: _____ Employer: _____

Hobbies and Interests: _____

Do You Smoke?: Yes _____ No _____

Educational Background:

Reading Level (Grade Level or Beginner, Intermediate, Advanced): _____

(Please turn over, form continues on back.)

Last School and Grade Level (If Not In School): _____

Current School and Grade Level (If In School): _____

Current Teacher (If In School): _____

Languages Known Other than English: _____

Were Or Are You In Special Education Classes?: _____

Any Known Learning Problems or Disabilities?: _____

Tutoring Preferences:

Program (Adult, ESL (English as a Second Language), Child): _____

Subject(s) (Reading, English, Math, Digital Literacy): _____

Tutoring Goals: _____

Preferred Tutoring Location (If not the Library): _____

Preferred Days: _____ **Times:** _____

Prefer Male or Female Tutor?: _____

Emergency Contact (Name, Number, Relationship): _____

Anything else we should know?: _____

How Did You Find Out About Us?: _____

Are you interested in potentially becoming a READ Board Member or volunteering for special projects?:

Yes _____ **No** _____

Comments: _____