Complete the Registration Form

Circle one: Mr./Mrs. /Miss /Ms.

Last Name: _____ First Name: _____

Street Address:_____

City:_____ State: _____ Zip Code: _____

Nationality: _____ Place of Birth: _____

Email: _____ Phone number:_____

Date of Birth: _____ Occupation: _____

Marital Status: _____ Phone Number: _____

Student ID Number: _____ ESL Level: _____

Instructor Name:_____ Classroom:_____

Signature:_____ Date:_____

**Answer these questions in a <u>complete</u> sentence:**

1. What time is your class? _____
2. Where is your class?_____
3. Do you like this school?_____
4. How many siblings do you have?_____
5. Are you married? _____
6. Where do you work?_____
7. Where is your book? _____
8. What time do you go to sleep?_____
9. What time do you get up?_____
10. Where are you from? _____

LIVEWORKSHEETS

Homework: Practice spelling your name.

Practice saying your email

Study the questions for the speaking test

LIVEWORKSHEETS