

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 complete 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? _____

Homework: Practice spelling your name.

Practice saying your email

Study the questions for the speaking test