



NEW CASTLE • HENRY COUNTY

PUBLIC LIBRARY

Adult Learning Center Student Application

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

Email _____

Birth Date _____ Gender _____ Highest school grade completed _____

Preferred day(s) to be tutored Mon Tues Wed Thurs Fri Sat Sun

Preferred time(s) 9am-12pm 12pm-4pm 4pm-7pm

Emergency Contact _____

Phone _____ Relationship to you _____

What do you want to learn? Reading Math ESL Pre-TASC Life Skills Citizenship

Other _____

How did you hear about us? Social Media Friend/Relative Newsletter Courier-Times Other _____

Being a student of the New Castle-Henry County Public Library Adult Learning Center is a commitment to my future made by both me and my tutor.

- 1. I will arrive on time for my tutoring sessions.**
- 2. I will complete the work my tutor gives me to do at home.**
- 3. I will do my best not to cancel a tutoring session, but if I must, I will notify my tutor and the Adult Learning Center no less than four (4) hours before the session is to start.**
- 4. I understand that if I am consistently late, or if I regularly cancel my tutoring sessions or am a no-show, the Adult Learning Center may cancel my enrollment.**
- 5. I agree to conduct all tutoring sessions in a public place.**

I understand and agree to the requirements to become an Adult Learning Center student:

Signature _____ Date _____