



DFW International

Community Alliance

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Application Form for Life Skills Certificate Program

ATTACH PHOTO HERE

1. PERSONALS DETAILS

Family name:	Age:
First name:	Number of children:
Date of birth:	Ages of children:
Marital status: single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/>	

2. CONTACT DETAILS

Home telephone number:	Address
Work / celular phone number:	
email:	

3. IMMIGRATION STATUS

Citizen Permanent Resident Other Year you arrived in USA: _____

4. EDUCATION

6th grade or primary school or less completed high school some college completed college degree

5. LANGUAGE SPOKEN

<input type="checkbox"/> speak English well	<input type="checkbox"/> read English well	<input type="checkbox"/> speak Tigrinya
<input type="checkbox"/> speak English somewhat	<input type="checkbox"/> read English a little	<input type="checkbox"/> read Tigrinya
<input type="checkbox"/> speak English a little		<input type="checkbox"/> speak Amharic
Other: (please name) _____		<input type="checkbox"/> read Ahmaric

6. STUDENT PARTICIPATION AGREEMENT

By signing this document I affirm my commitment to the many privileges this program offers and to this opportunity to grow in confidence and learning. I understand that I must take responsibility for my own transportation and child care, and I pledge to arrive on time each Saturday and to attend each class throughout the year.

Signature: _____ Date: _____

OFFICE USE ONLY

Student number: _____ Group: _____ Remark: _____

I HAVE CONSIDERED THIS APPLICATION AND I RECOMMEND THAT THE APPLICATION BE

- APPROVED
 REJECTED

Coordinator: _____ Date: _____