

# GABC ESL STUDENT REGISTRATION FORM

Name \_\_\_\_\_  
(nombre)

Male (hombre)

Female (mujer)

Native Language \_\_\_\_\_  
(lengua)

Native Country \_\_\_\_\_  
(patria)

Address: \_\_\_\_\_  
(dirección)

City: \_\_\_\_\_  
(ciudad)

Zip Code: \_\_\_\_\_  
(código postal)

Telephone: \_\_\_\_\_  
(teléfono)

Birthday (dd/mm/yyyy): \_\_\_\_\_  
(cumpleaños-mes/día/año)

Are you married?  
(¿ Está Usted casado?)

Yes  
(Si)

No  
(No)

Do you attend a church?  
(¿ Asiste Usted a una iglesia?)

Yes  
(Si)

No  
(No)

Which church? \_\_\_\_\_  
(¿ Cual iglesia?)

Do you have children?  
(¿ Tiene Usted hijos?)

Yes  
(Si)

No  
(No)

What are their names and birthdays?  
(¿ Cómo se llaman y cuándo nacieron?)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_