Twin Lakes Literacy Council

1318 Bradley Dr. #14 Mountain Home, AR 72653 (870) 425-READ twinlakeslc@yahoo.com "Each one, teach one."

Adult Student Application

		Date
Name:		
Address:		Phone:
Date of Birth:	Gender:	Ethnicity:
Cell Phone:	Email add	dress:
Place of Employment:		Phone:
Emergency Contact:		Phone:
Last grade completed:		Date of last year in school:
Type of Tutoring Requested: _		
Goal:		
How did you hear about us? _		
-	d of time if I cannot be	possible if I cannot meet for a lesson. I will try to e there. I know if I miss two classes without letting the
*I authorize TLLC to release t Education Center, I authorize	_	my tutor. If I desire to study at the Baxter County Adul g information to that facility.
Signature		

Photo Release Form

Please check one statement:

I give Twin Lakes Liter	acy Council the right to use pictures of me for publicity purposes
	to illustrate final reports of grants
	on Facebook
	in the newspaper
	none of the above
Signature:	Date:
	Student Handbook Policy
☐ I have received	d a copy of the student handbook.
Signature	
Date	

Grant Information for Adult Tutoring Program

In order to rec be kept confid	eive grants, we need to keep information about our students' income. This form will ential.
Thank you for	your help.
Number of peo	ople in your household:
Please check y	your household's income level:
0	\$0 - \$10,499
0	\$10,500 - \$20,999
0	\$21,000 - \$33,599
0	\$33,600 - \$41,999
0	\$42,000 - \$49,904
0	\$49,905 - \$55,514
0	\$55,515 and above
Name:	Date: