



# THE VIRGIN ISLANDS DEPARTMENT OF EDUCATION

Adult Education & Family Literacy Center  
1834 Kongens Gade, St. Thomas, VI 00802  
Telephone: (340)774-6277



Application Date:

Semester:

## APPLICATION (ADULT ED. AND ESL) DUAL ENROLLMENT

### PRIVATE INFORMATION



Thank you for your interest in our program. On behalf of the Admission Team, I invite you to explore our form for an overview. As you consider the important investment of an independent school education for yourself, we are available to guide you through our admission process.

Social Security #:

Date of Birth:

Age:

Gender:

### PERSONAL INFORMATION



Name:

(Enter name EXACTLY as it appears on your ID)

Email Address:

Physical Address:

Phone #:

Apartment or Unit:

City:

State:

Zip Code:

Mailing Address:

City:

State:

Zip Code:

Alt. Phone #:



### CITIZENSHIP



#### CHECK ONE:

U.S. Citizen or Naturalized

U.S. Permanent Resident

Alien/Refugee Lawfully Admitted

If non-U.S. citizen, Alien Registration #: A

Exp. Date:

Race

Do you consider yourself to be of Hispanic Heritage?

Haitian Heritage?

### EDUCATIONAL INFORMATION



Highest Grade Completed (select one)

Highest Credential Earned:

Where was your schooling completed?

Educational Goals: (check all that apply)