



WELCOME TO
ETHIOPIAN MUSLIM ASSOCIATION
OF SEATTLE

Personal Information:

Full Name: _____

Date of Birth: ____/____/____

Gender: Male Female Other

Phone Number: _____

Email Address: _____

Language Proficiency:

Primary Language: _____

Proficiency in English (Please select one):

Beginner

Intermediate

Advanced

Class Details:

Preferred Class Schedule:

Weekdays (Morning)

Weekdays (Evening)

Weekends (Morning)

Weekends (Afternoon)

Flexible (Please specify: _____)

Preferred Class Format:

In-Person Classes

Online Classes (Specify platform: _____)

Blended (Combination of In-Person and Online)

Reason for ESL Classes:

Please describe your motivation and the specific goals you hope to achieve by taking ESL classes.

Declaration:

I, as the applicant, confirm the accuracy of the information provided in this form and agree to participate in ESL classes at the mosque in accordance with the mosque's guidelines.

Applicant Signature: _____ Date: ____/____/____