

2023 - 2024

ENROLLMENT
OPEN NOW

Shining Lights is a free ESOL (English for speakers of another language) program offered by The City of New Bedford, offering Adult Basic English classes for Beginning-level and Intermedia-level adult students.

Shining Lights Program is a 32-Weeks program from September through May. Classes are offered in the morning or evening.

In addition to English lessons, Shining Lights also offers life-skills seminars (e.g., Tenant & Consumer Rights), as well as History & Civics workshops and Citizenship preparation.

How to apply for the English Classes:

- Contact the ESOL Coordinator for enrollment at 508.245.9687.
- Visit the Department of Community Services on 181 Hillman Street. Building 9 (2nd door-Entrance 3, 1 floor, RM107)

**DEADLINE IS
DECEMBER 29TH, 2023.**

ESOL

English for Speakers of Other Languages

SHINING LIGHTS ESOL ADULT PROGRAM



September 25th, 2023 – May 30th, 2024

We offer classes in two different locations. Students can sign up for all sites or any site they prefer.

**Grace Church (133 School Street / County St side door- parking lot)
Mondays & Thursdays, 10:00AM-12:00PM**

**Global Learning Charter School (190 Ashley Blvd)
Tuesdays & Thursdays, 6:00pm – 8:00pm**

Online English Language Classes through ZOOM

January 10 – May 29

Wednesdays, 10:00am – 12:00pm

Tutoring Section by appointments only



For more info., please contact Olga Rodriguez-Morales, ESOL Coordinator at 508.245.9687/508.997.4889.

We speak Spanish and Portuguese



SPACE LIMITED



2023-2024



Shining Lights ESOL ADULT Program

Student Registration Form

PLEASE COMPLETE THE FOLLOWING FORM COMPLETELY AND CAREFULLY
REVIEW THE PROVIDED INFORMATION.

Name: _____ Birth Date: _____ Gender: _____

Age: _____ Language Spoken: _____ Country of Origin: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Additional Information about work and education:

1. Do you have a job? Yes ___ No ___. If yes, what do you do at work? _____
2. Did you go to school in your home country? Yes ___ No ___
3. What is your highest level of education? Check the school level and write the grade completed.
Elementary school: ___ Middle School: ___ High School: ___ University/college: ___
4. Do you have writing skills in your primary language? Yes ___ No ___
5. Do you have reading comprehension in your primary language? Yes ___ No ___

Emergency Contact Information:

Emergency contact Name: _____ Relationship: _____

Address: _____ Primary E Mail: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information:

In case of an emergency, kindly indicate any medical condition or allergies you may have.

Medical Condition: _____

Allergies: _____

Medication: _____

NONE of the above

NO, that I know of

Photos/Videos Releases: **YOU MUST CHOOSE YES OR NO TO THE PHOTOS/VIDEOS RELEASE.**

Yes, I hereby give my permission to have photos/videos taken of me in conjunction with press releases, brochures, city website, social media, flyers, and written materials associated with Shining Lights ESOL Adult Program.

Signature: _____

No, I do not give my permission to have photos/videos taken of me in conjunction with press releases, brochures, city website, social media, flyers, and written materials associated with the Shining Lights ESOL Adult Program.

Signature: _____

