



Literacy Volunteers Association Cape-Atlantic, Inc.

Partners with Miller School's A.S.P.I.R.E.

To offer Adult Basic Skills/ESL Classes to the parents/guardians of
A.S.P.I.R.E. students.

Pleasantville/Atlantic City/Somers Point/EHT/Ocean City

Literacy Volunteers Cape-Atlantic is offering Adult Basic Skills and ESL classes at the Miller School. Each class will last 2 hours and include listening, speaking, reading, writing, as well as health literacy. Participants must be 18+ years old, not enrolled in school, and is a parent of an A.S.P.I.R.E. student participant.

Yes, I want to attend classes for:

- Learning English (English as a Second Language)
- Basic Skills (For English speakers who want to improve their reading and writing)

Name _____ Phone _____

Address _____

Email _____

Kristen Boyd, MEd.

A.S.P.I.R.E. Director

609-407-2500 Extension 2325

boydk@eht.k12nj.us

You can also fill out the google form at: <https://goo.gl/forms/9APXqOBKu10XfbV72>



This project was funded in its entirety with federal Elementary and Secondary Education Act, as amended by No Child Left Behind, Title IV, Part B, 21st Century Community Learning Center (21st CCLC) grant funds through a grant agreement with the New Jersey Department of Education."



Literacy Volunteers Association
Cape-Atlantic, Inc.

Partners with Miller School's A.S.P.I.R.E.

Habilidades básicas para adultos / Clases de ESL a los padres / tutores de A.S.P.I.R.E. estudiantes.

Pleasantville/Atlantic City/Somers Point/EHT/Ocean City

Voluntarios de alfabetización Cape-Atlantic está ofreciendo clases básicas de adultos y clases de ESL a Miller School Cada clase durará 2 horas e incluye escuchar, hablar, leer, escribir, así como la alfabetización en salud.

Los participantes deben tener 18 años o más, no estar matriculados en la escuela y es padre de A.S.P.I.R.E. estudiante participante

Sí, quiero asistir a clases para:

O Aprender inglés (inglés como segunda lengua)

O Habilidades básicas (Para los hablantes de inglés que quieren mejorar su lectura y escritura)

Nombre _____ Teléfono _____

Dirección _____

Email _____

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ASPIRE. Director

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