IMMIGRANTS / PERMANENT RESIDENTS COURSE REGISTRATION FORM

PERSONAL INFORMATION			
First Name:	Middle Name:	Last Name:	
Gender: □ Female / □ Male /□ Other Date of Birth (MM/DD/YYYY): _		Nationality:	
Visa – If you are in Canada now, w	hat is your visa type and status:		
Address:			
City/Town: Province/State:		Postal Code/Zip:	
Telephone Number: E-I		mail: @	
EMERGENCY CONTACT INFO	ORMATION		
Emergency Contact Name:		Relationship:	
Phone Number:		Email:	@
PROGRAM APPLYING FOR Please refer to 2018 - 2020 Schedule,	Programs & Calendar for program time.	s.	
Full Time Day	Part Time Day AM/PM	Part Time Evening	Part Time Saturday
☐ LINC FULL TIME A (Only for Immigrants and PR)	□IELTS	☐ LINC CLB 1-4 (Only for Immigrants and PR)	☐ LINC (Only for Immigrants and PR)
☐ Intermediate to Advanced ESL (ESL 5-7) FULL TIME B	□ Intermediate to Advanced ESL (ESL 5-7) AM□ Intermediate to Advanced ESL	☐ Intermediate to Advanced ESL (ESL 5-7)	(only for mining and the
	(ESL 5-7) PM		
□*Corporate ESL (Variou	is Times Available)	□*Private Instruction (Va	rious Times Available)
I would like to start studying at M	aple Leaf Academy on (MM/DD/YY	YY): and stu	udy for weeks.
Language Level: □ Beginner	☐ Low Intermediate	□ Intermediate	□ Advanced
How did you hear about Maple Le	eaf Academy: Agency	□ Internet □ Friend	□ Other
Please Note: The information on t in accordance with the PIPA Act.		tive use only. All information is kept	
		vided in this application is true and	correct. If I am accepted to
		aple Leaf Academy during the perio	
Signature: Date:			

www.mapleleafacademy.com