

IMMIGRANTS / PERMANENT RESIDENTS COURSE REGISTRATION FORM

PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Sex: Female / Male / Other Date of Birth (MM/DD/YYYY): _____ Nationality: _____

Visa – If you are in Canada now, what is your visa type and status: _____

Address: _____

City/Town: _____ Province/State: _____ Postal Code/Zip: _____

Telephone Number: _____ E-mail: _____ @ _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Email: _____ @ _____

PROGRAM APPLYING FOR

Please refer to 2018 - 2020 Schedule, Programs & Calendar for program times.

Full Time Day

LINC FULL TIME A
(Only for Immigrants and PR)

Intermediate to Advanced ESL
(ESL 5-7) FULL TIME B

Part Time Day AM

IELTS

Part Time Evening

LINC CLB 1-4
(Only for Immigrants and PR)

Intermediate to Advanced ESL
(ESL 5-7)

IELTS

Part Time Saturday

LINC
(Only for Immigrants and PR)

*Corporate ESL (Various Times Available)

*Private Instruction (Various Times Available)

I would like to start studying at Maple Leaf Academy on (MM/DD/YYYY): _____ and study for _____ weeks.

Language Level: Beginner Low Intermediate Intermediate Advanced

How did you hear about Maple Leaf Academy: Agency Ad Internet Friend Other _____

Please Note: The information on this form is intended for Administrative use only. All information is kept confidential and will be used in accordance with the PIPA Act.

* The registration fee and homestay placement fee are non-refundable.

I _____ certify that all the information provided in this application is true and correct. If I am accepted to Maple Leaf Academy, I agree to follow the rules and regulations of Maple Leaf Academy during the period of my stay and I will abide by all Immigration policies.

Signature: _____

Date: _____