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-		mail: @	
EMERGENCY CONTACT INFO	ORMATION		
Emergency Contact Name:		Relationship:	
Phone Number:		Email:	_@
PROGRAM APPLYING FOR			
	our website for current schedule inforn	nation.	
1		Part Time Evening	Part Time Saturday
Full Time Day □ LINC FULL TIME A	Part Time Day AM/PM □ IELTS	□ LINC CLB 1-4	□ LINC
(Only for Immigrants and PR)		(Only for Immigrants and PR)	(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 (ESL 5-7)	
	☐ Intermediate to Advanced ESL		
	(ESL 5-7) PM	□ IELTS	
□*Corporate ESL (Variou	s 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 □ Ad	□ Internet □ Friend	□ Other
Please Note: The information on t in accordance with the PIPA Act.	his form is intended for Administra	tive use only. All information is kept	
	ay placement fee are non-refundab		
		vided in this application is true and apple Leaf Academy during the perio	
Signature:	Signature: Date:		

www.mapleyyc.com