



Calgary International Learning Centre

ESL Registration

Located at First Baptist Church
1311 – 4th St. S.W. Calgary, AB T2R 0X9
Phone: 403-263-5911 or 403-693-5544
Website: www.firstbaptistcalgary.com
Email: cilc@firstbaptistcalgary.net

Term(s): Winter Spring Summer Fall _____

<input type="checkbox"/> New Student	<input type="checkbox"/> Returning CILC Student (last term attended): _____
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Last Name:	First Name:	English Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone Number:	Cell Number:	Alternate Phone Number:
Address:		Postal Code:
Email Address:		
Country of Citizenship:	First Language:	Occupation:
Status in Canada: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Work Visa <input type="checkbox"/> Other	<input type="checkbox"/> Visitor Visa <input type="checkbox"/> International Student Visa
Education Level: <input type="checkbox"/> some schooling	<input type="checkbox"/> High School <input type="checkbox"/> College/Trade	<input type="checkbox"/> University <input type="checkbox"/> Grad School
Health problems we should be aware of: eg. Asthma, epilepsy, etc.		
Contact person and phone number in case of an emergency:	Name:	Phone Number:

How did you find out about these classes: <input type="checkbox"/> Friend or family member	<input type="checkbox"/> Referral Agency (eg. CCIS, ILVARC) <input type="checkbox"/> Website <input type="checkbox"/> Newspaper (La Prensa, etc.)	<input type="checkbox"/> Brochure or poster <input type="checkbox"/> Church activity at FBC <input type="checkbox"/> Other
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DECLARATION:

- I hereby authorize the Calgary International Learning Centre (CILC) to disclose, upon request, relevant personal information about me as required by federal and provincial government departments and agencies for the purpose of confirming my enrolment status and determining my eligibility for services and funding.
- I hereby give permission to the Calgary International Learning Centre to use written comments of my CILC experiences and photographs taken of me while participating in the program for the purpose of promoting this program.

Applicant's signature: _____ **Date of Application:** _____

School use only:

Student ID: _____	Date Received: _____
Assessment Test booking: Date: _____ Time: _____	Class: _____
Payment Due: _____ Paid: _____	Balance Owning: _____ Receipt Number: _____