



EQUILIBRIUM SCHOOL

707 14 Street NW
Calgary Alberta T2N 2A4
403-283-1111
school@equilibrium.ab.ca

REGISTRATION FORM

PERSONAL INFORMATION PLEASE PRINT CLEARLY USING CAPITAL LETTERS

Last (Family) Name _____ Given (First) Name(s) _____
 Male Female
Date of Birth _____ Year _____ Month _____ Day _____

ADDRESS IN CALGARY

Street Address _____ Postal Code _____
Home Phone Number _____ Cell Phone Number _____
Fax Number _____ Email _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Street Address _____
City _____ Province _____ Postal Code _____ Country _____

IMMIGRATION STATUS

Country of Origin _____ Canadian Citizen
 Permanent Resident/Landed Immigrant Student Visa
 Visitor Visa Working Visa

EMERGENCY CONTACT

Last (Family) Name _____ Given (First) Name(s) _____
Home Phone Number _____ Alternative Phone Number _____
Email _____

PROGRAM SELECTION

Program Title	Start Date			Duration (months, weeks and/or days)
<input type="checkbox"/> Conversation	Year	Month	Day	
<input type="checkbox"/> Reading and Writing	Year	Month	Day	
<input type="checkbox"/> TOEFL/IELTS Prep	Year	Month	Day	
<input type="checkbox"/> GED Prep	Year	Month	Day	
<input type="checkbox"/> Basic Literacy	Year	Month	Day	
<input type="checkbox"/> Tutoring	Year	Month	Day	
<input type="checkbox"/> Accent Reduction	Year	Month	Day	

FOR OFFICE USE ONLY

PAYMENT INFORMATION

Payments can be made by bank draft/money order, certified cheque, credit card (Visa/AMEX), or bank transfer (with corresponding bank in Canada).

Student Name:

BY CREDIT CARD

Card Type VISA AMEX

Card Number

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Expiry date (Month/Year)

Cardholder's name (please print)

Cardholder's signature

BY BANK TRANSFER

Bank Name TD Canada Trust
Bank Address Toronto Dominion Square
180-317 7 Avenue SW
Calgary Alberta T2P 2Y9

Account Holder Equilibrium School
Account Number 0146-5207722
Branch Number 8062
SWIFT Code TDOMCATTTOR
ABA # 026009593

- The applicant's full name should be quoted on the bank transfer form
- A 3% surcharge must be added to the total payment if paying by credit card

BY BANK DRAFT/MONEY ORDER/CERTIFIED CHEQUE Payable to: EQUILIBRIUM SCHOOL

HOW DID YOU HEAR ABOUT EQUILIBRIUM SCHOOL? PLEASE CHECK ALL THAT APPLY

- Our Website Other Website Yellow Pages
 Friend or Family Member Agent (please specify the name):
 Advertisement Other (please specify):

APPLICANT COMMENTS/CONCERNS/QUESTIONS

DECLARATION

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal by Equilibrium School of an offered seat at any time during my enrolment.

I give my consent to Equilibrium School to use my image in promotional materials Yes No

Applicant's name (please print)

Applicant's Signature

Date

Please mail, courier or submit in person the completed application form, supporting documents and \$20 non-refundable application fee to the address below:

Equilibrium School
707 14 Street NW
Calgary AB T2N 2A4
Canada

Telephone: 403-283-1111 Email: school@equilibrium.ab.ca Fax: 403-270-7786