



# Equilibrium School

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

## REGISTRATION FORM

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### PERSONAL INFORMATION PLEASE PRINT CLEARLY USING CAPITAL LETTERS

Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_

Male  Female \_\_\_\_\_ Date of Birth (Year Month Day) \_\_\_\_\_

### ADDRESS IN CALGARY

Street Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone 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 Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell 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 & Writing	Year	Month	Day	_____
<input type="checkbox"/> Accent Reduction	Year	Month	Day	_____
<input type="checkbox"/> English 1 on 1	Year	Month	Day	_____
<input type="checkbox"/> Tutoring	Year	Month	Day	_____
<input type="checkbox"/> CAEC Prep	Year	Month	Day	_____
<input type="checkbox"/> Computer Training	Year	Month	Day	_____
<input type="checkbox"/> Other:	Year	Month	Day	_____

## APPLICANT COMMENTS/CONCERNS/QUESTIONS

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## PAYMENT INFORMATION

Payments can be made by cash, draft/money order, certified cheque, bank transfer or e-transfer.

<b>BY BANK TRANSFER</b> Bank Name Bank Address	TD Canada Trust Toronto Dominion Square 180-317 7 Avenue SW Calgary Alberta T2P 2Y9	INTERNATIONAL STUDENTS may pay through peerTransfer/Flywire  FOR MORE INFO PLEASE VISIT: <a href="http://www.peertransfer.com">www.peertransfer.com</a>
Account Holder Account Number Branch Number SWIFT Code ABA #	Equilibrium School 0146-5207722 8062 TDOMCATTOR 026009593	
<ul style="list-style-type: none"><li>• The applicant's full name should be quoted on the bank transfer form</li><li>• Bank Draft/Money Order/Certified Cheque – Payable to: <b>Equilibrium School</b></li><li>• Please note that students are responsible for any bank service charges</li></ul>		

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

<input type="checkbox"/> Our Website	<input type="checkbox"/> Other Website
<input type="checkbox"/> Friend or Family Member	<input type="checkbox"/> Agent (please specify the name):
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other (please specify):

## 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.

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Equilibrium School**  
**707 14 Street NW**  
**Calgary AB T2N 2A4**  
**CANADA**

Phone: 403-283-1111    Email: [school@equilibrium.ab.ca](mailto:school@equilibrium.ab.ca)    Website: [www.equilibrium.ab.ca](http://www.equilibrium.ab.ca)    Fax: 403-270-7786