



Equilibrium School

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

LINC PROGRAM - REGISTRATION FORM

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: _____

TIME PREFERENCE

LINC 3/4

OPTION 1 (10:00 am – 12:00 pm)

OPTION 2 (12:30 pm – 2:30 pm)

OPTION 3 (6:00 pm – 8:00 pm)

APPLICANT COMMENTS/CONCERNS/QUESTIONS

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: _____