

## LINC Registration Form

Recommendation (Office use only) \_\_\_\_\_

(Attach PR Card and AHS Card Copy Here)

Registration Date (dd/mm/yyyy) \_\_\_\_\_

Which class do you want to attend?

☐ Full-time ☐ Morning ☐ Afternoon ☐ Evening ☐ Saturday

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Other

Home Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Country of Origin \_\_\_\_\_ First Language \_\_\_\_\_ Immigration Category \_\_\_\_\_

Years of Education \_\_\_\_\_ Landing date in Canada (day/month/year) \_\_\_\_\_

Highest Education: ☐ Elementary School ☐ High school ☐ College ☐ Bachelor's degree

☐ Master's Degree ☐ Doctorate Degree ☐ Other \_\_\_\_\_

☐ I agree to give the above information for IRCC (Immigration, Refugees and Citizenship Canada) future research/consultation.

If you need childcare services while attending school (ages 19 months to 6 years only), please provide the following information:

Child 1: Name \_\_\_\_\_ Birthdate (dd/mm/yyyy) \_\_\_\_\_

Gender \_\_\_\_\_ Alberta Health Care Number \_\_\_\_\_

Child 2: Name \_\_\_\_\_ Birthdate (dd/mm/yyyy) \_\_\_\_\_

Gender \_\_\_\_\_ Alberta Health Care Number \_\_\_\_\_

Documents to bring:

1. Immigration Document: ☐ Permanent Resident Card AND ☐ Landing Document
2. Language Assessment: ☐ ILVARC Assessment Report OR ☐ Latest LINC Certificate  
AND ☐ ILVARC Referral Forms
3. Child's Alberta Health Care Card if childcare is needed.

**Office Use Only**

Client ID: \_\_\_\_\_

CLB Assessment	Benchmarks	Comments
Listening		
Speaking		
Reading		
Writing		

