

**LINC Registration Form**

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

|  |
| --- |
| Registration Date (dd/mm/yyyy):  |

Which class do you want to attend? CB-LINC for Seniors

|  |  |
| --- | --- |
| Last Name:  | First Name:  |

|  |  |
| --- | --- |
| Home Address:  | Postal Code:  |

Gender: 🞐 Male 🞐 Female 🞐 Other

|  |  |
| --- | --- |
| 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):  |

|  |
| --- |
| 🞐 Other  |

Highest Education: 🞐 Elementary School 🞐 High school 🞐 College 🞐 Bachelor’s degree

|  |  |
| --- | --- |
| Emergency Contact:  | Emergency phone:  |

🞐 Master’s Degree 🞐Doctorate Degree

**Please have an e-copy of following document(s) sent with the registration form:**

 Immigration Document: 🞐 Permanent Resident Card or 🞐 Landing Document

**Office Use Only**

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

|  |  |  |
| --- | --- | --- |
| CLB Assessment | Benchmarks | Comments |
| Listening |  |  |
| Speaking |  |
| Reading |  |
| Writing |  |