

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 _____

Emergency Contact _____ Emergency phone _____

☐ 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 _____

Please have following documents with you:

1. Immigration Document: ☐ Permanent Resident Card AND ☐ Landing Document
2. Language Assessment: ☐ CLARC Assessment Report OR ☐ Latest LINC Certificate
AND ☐ CLARC 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		