

**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 🞐Online

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

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

Gender: 🞐Male 🞐Female 🞐Other Marital Status: 🞐Married 🞐Single 🞐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

🞎 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 |  |