



# Equilibrium School

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

## LINC PROGRAM - REGISTRATION FORM

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### 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

OPTION 1 In Person (9:00 am – 12:00 pm)

OPTION 2 In Person (12:30 pm – 3:30 pm)

OPTION 3 Online (9:00 pm – 12:00 pm)

OPTION 4 Online (12:30 pm – 3:30 pm)

## APPLICANT COMMENTS/CONCERNS/QUESTIONS

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## 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: \_\_\_\_\_