**ESL Registration Form**

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| --- | --- | --- | --- |
| Date of Application: |   | Accepted By: |   |
| First Name: |   | Family Name: |   |
| Address: |   | City: |   |
| Postal Code: |   | Phone Number: |   |
| Email: |   |   |
| Which country were you born in?  |   |
| What is your native language? |   |
| How did you hear about us? |  ◊Facebook ◊Website ◊Other:  |  |
| If you previously attended ESL classes, where did you take them? For how long?  |  |
| What level of education did you complete (ex. high school, college etc.) |  |
| How long are you staying in Canada?   |    |
| Why do you want to speak English?  |  |
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