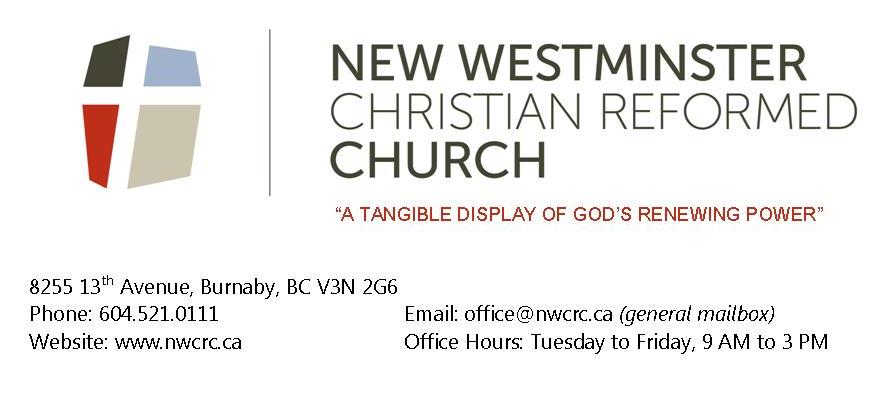
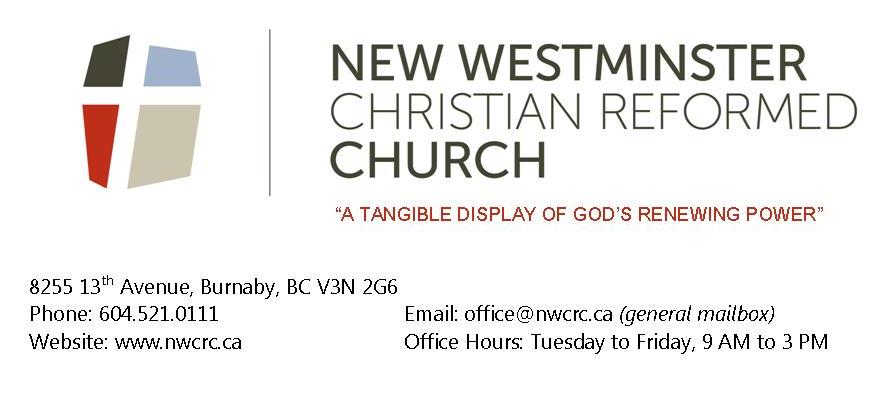
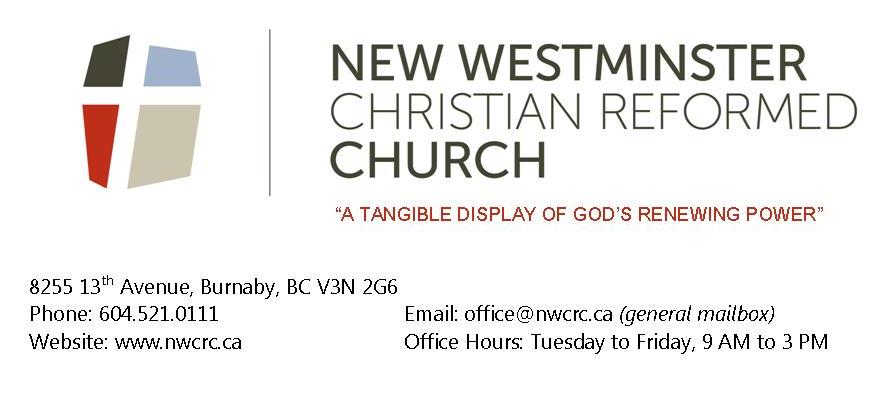
**ESL Registration Form**

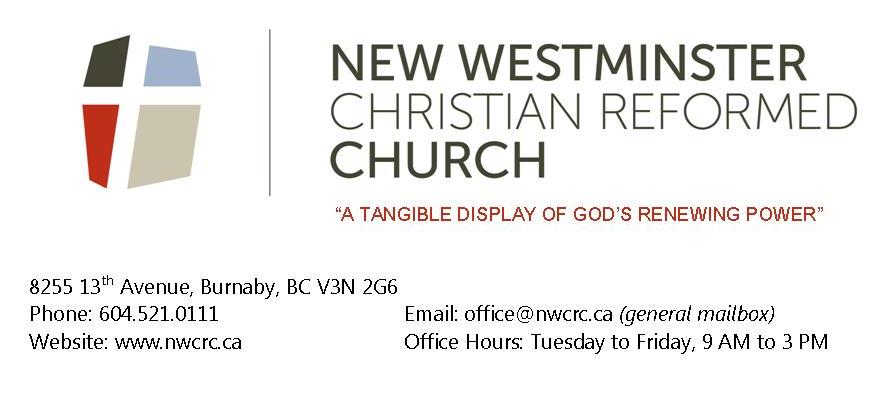
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| Date of Application: | | | |  | | | | | | | Accepted By: | |  | | | |
| First Name: | | |  | | | | | | | | Family Name: | |  | | | |
| Address: | |  | | | | | | | | | City: |  | | | | |
| Postal Code: | | |  | | | | | | | | Phone Number: | | |  | | |
| 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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**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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