



Equilibrium School

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

REGISTRATION FORM

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 _____

PROGRAM SELECTION

Program Title	Start Date			Duration (months, weeks and/or days)
<input type="checkbox"/> Conversation	Year	Month	Day	_____
<input type="checkbox"/> Reading & Writing	Year	Month	Day	_____
<input type="checkbox"/> Accent Reduction	Year	Month	Day	_____
<input type="checkbox"/> Evening ESL	Year	Month	Day	_____
<input type="checkbox"/> Tutoring	Year	Month	Day	_____
<input type="checkbox"/> GED Prep	Year	Month	Day	_____
<input type="checkbox"/> Computers for Workplace	Year	Month	Day	_____
<input type="checkbox"/> Other:	Year	Month	Day	_____

APPLICANT COMMENTS/CONCERNS/QUESTIONS

PAYMENT INFORMATION

Payments can be made by cash, draft/money order, certified cheque, bank transfer or e-transfer.

BY BANK TRANSFER Bank Name Bank Address	TD Canada Trust Toronto Dominion Square 180-317 7 Avenue SW Calgary Alberta T2P 2Y9	INTERNATIONAL STUDENTS may pay through peerTransfer/Flywire FOR MORE INFO PLEASE VISIT: www.peertransfer.com
Account Holder Account Number Branch Number SWIFT Code ABA #	Equilibrium School 0146-5207722 8062 TDOMCATTOR 026009593	
<ul style="list-style-type: none">• The applicant's full name should be quoted on the bank transfer form• Bank Draft/Money Order/Certified Cheque – Payable to: Equilibrium School• Please note that students are responsible for any bank service charges		

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 _____

Please mail, courier or submit in person the completed application form, supporting documents and a non-refundable application fee to the address below:

Equilibrium School
707 14 Street NW
Calgary AB T2N 2A4
CANADA

Phone: 403-283-1111 Email: school@equilibrium.ab.ca Website: www.equilibrium.ab.ca Fax: 403-270-7786