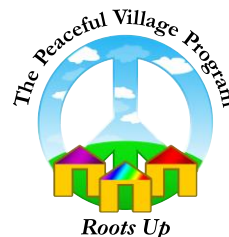




Adult EAL Class 2025/2026 Registration Form

1008 Wall St, Winnipeg MB R3G 2V3 Ph: 204 949-1858



Personal Information:

Last Name (Legal)		First Name	Middle or Initial	Gender (Check) ☐ Male ☐ Female	
Mailing Address- Street or box #		City/Town		Province	
Postal Code	Telephone (Home)	Telephone (Work)	Cell Phone	Birth Date Year ____ Month ____ Day ____	
Country Of Origin: _____ First Language: _____		Immigration or PR# (8digits) _____		Date of Entry (If Permanent Resident) Y ____ M ____ D ____	
Name Of School					
Benchmark:					

Emergency Contact	Health Status
Name _____	Manitoba Health Care # (6digits) _____
Relationship To You _____	PHIN # (9digits) _____
Daytime Phone _____	Is there any medical or allergy information we should know about? _____ _____
Alternative Phone _____	
Signature Of Student	Date