



IMMIGRANT SERVICES CALGARY

12th Floor, 910 - 7 Avenue SW, CALGARY, ALBERTA T2P 3N8

Tel: (403) 265-1120 Fax: (403) 265-1167

Email: LB@immigrantservicescalgary.ca

APPLICATION FOR CITIZENSHIP CLASSES

Date of the Course: _____ 2 Sessions 4 Sessions

Last Name: _____ First Name: _____

Gender: Male Female

Address _____ Postal Code _____

E-Mail _____ * I give Immigrant Services Calgary permission to email me with information about its programs and services Yes No

Phone Number (Home): _____ (Other) _____

Country of Birth: _____ First Language _____

How long in Canada (Check One): Less than 2 years 2 – 3 years More than 3 years

Do you have a benchmark for your English proficiency? Yes No

If yes, Listening Level _____ Speaking Level _____ Reading Level _____ Writing Level _____

Have you applied for your Canadian Citizenship? Yes No

If yes, when? _____ Date for Citizenship Test? _____

Right now, are you:

- Employed – full-time
- Employed – part-time
- Unemployed
- Student
- Others such as retired, on leave, etc. Please specify _____

How many people live in your house? 1 2 3 4 5 6 7 or more persons

What is your total household income per year (before tax)?

- Under \$30,741
- \$30,742 - \$38,272
- \$38,273 - \$47,050
- \$47,051 - \$57,124
- \$57,125 - \$64,790
- \$64,791 - \$73,071
- \$73,072 - \$81,355
- \$81,356 and over

How did you find out about this class?

- Friend/Family
- Immigrant Services Calgary
- Other service providers
- Other source Please specify: _____

Revised on June 11, 2014

For Internal Use: _____