

PORTAGE LEARNING & LITERACY CENTRE

110 Saskatchewan Avenue West Portage la Prairie, Manitoba R1N 0M1
Telephone Number: 204-857-6304 Fax: 204-857-6358
Email: info@pllc.ca Website: www.pllc.ca

Newcomer Settlement Services

LINC STUDENT RECORD New Student Returning Student Date: _____ Student Information Name: Address: City: Postal Code: Telephone: _____ Email address: ______ Birthdate: ______ Male ______ Female _____ Next of Kin: Phone Number: Country of Birth: Country of Last Residence: Employer: Phone Number: Employed: Yes No **Status Confirmation** UCI Number: _____ Date of Landing: _____ Category: _____ **Language Goals** First Language: Other: _____Other Years of Education: _____ Field of Study: _____ Occupation in First Country: ______ in Canada: _____ Do you have computer at home? _____ Interested in English Online Class: ______ Previous ESL Program/Placement: English learning goals for school year: Credentialing Citizenship Employment | | Other Do you need childminding? Yes No

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