



## ESL @ Zion Baptist Community Church

Please complete this form and bring it to the first class.

Name: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you been in Canada? \_\_\_\_\_

Have you studied English before?  Yes or  No

If Yes, for how long? \_\_\_\_\_

How did you hear about the course? \_\_\_\_\_

What are your expectations of the course?

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For additional information, contact: [esl@zbcc.ca](mailto:esl@zbcc.ca)