

WINTER REGISTRATION FORM

YOUTH PATH English For Teenagers

PLATINUM PACKAGE

2018

Platinum Package (4 weeks)

January 8 (2,3 & 4 weeks)

January 15 (2 & 3 weeks)

January 22 (2 weeks)

STUDENT INFORMATION

Mr. Ms. Nationality _____ Mother Tongue: _____ Passport # _____

Last Name: _____ First Name: _____ Date of Birth: _____
(AS APPEARS ON PASSPORT) (AS APPEARS ON PASSPORT) YYYY / MM / DD

Home Address: _____ City: _____ Province: _____ Postal Code: _____

Country: _____ Email: _____ Telephone: _____

Emergency Contact Person: _____ Emergency Contact Phone: _____

AGENT INFORMATION Agency: _____ Contact Person: _____ Email: _____

SCHOOL CAMPUS Toronto Vancouver Arrival Date: _____ Departure Date: _____
YYYY / MM / DD YYYY / MM / DD

PLATINUM PACKAGE

Package includes:

- 30 English lessons per week
- Registration and Placement fees
- Single Homestay Accommodation (optional)
- Activities
- Health insurance
- 1 set of textbooks
- 2-way Airport Transfer (optional)

For group quotes please contact teens@ilac.com

Platinum Package	ACCOMMODATION	4 WEEKS	3 WEEKS	2 WEEKS
30 lessons/week	Homestay + Airport Transfer	\$4,200 <input type="checkbox"/>	\$3,400 <input type="checkbox"/>	\$2,600 <input type="checkbox"/>
	No Homestay / No Airport Transfer	\$2,600 <input type="checkbox"/>	\$2,100 <input type="checkbox"/>	\$1,600 <input type="checkbox"/>

PARENTS/GUARDIANS INFORMATION

(Preferably from both parents/guardians)

	Parent / Guardian 1	Parent / Guardian 2
Name	_____	_____
Last Name	_____	_____
Date of birth YYYY / MM / DD	_____	_____
Home Address	_____	_____
Telephone	_____	_____

MEDICAL INFORMATION

*Please note: It is mandatory for ILAC students to have Medical Insurance during their stay in Canada.

Do you have Medical Insurance? Yes No Policy Number: _____ Start Date: _____ End Date: _____
YYYY / MM / DD YYYY / MM / DD

If NO, will you buy it from ILAC? Yes No

Do you have any allergies? Yes No List of Allergies: _____

Do you have any medical problems? Yes No List Medical Issues: _____

Do you have any food restrictions? Yes No List Food Restriction: _____

Applicant signature: _____ Parent signature: _____ Date: _____
YYYY / MM / DD

I, hereby certify that the above information is true and complete. I have read and understand all of ILAC policies, including Code of Conduct. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. I agree to speak only English on School property.

Please refer to ILAC's policies and procedures at
ILAC.COM/POLICIES

ilac.com/info@ilac.com