

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: _____

PROGRAM DETAILS

SCHOOL LOCATION Toronto Vancouver Start Date: _____ Weeks of Study: _____
YYYY / MM / DD

PROGRAM INTENSITY

Intensive English (30 lessons/week)
(Only available during January, February, March, April, May, September, October, November and December)

Power English (38 lessons/week)
(Only available during January, February, March, April, May, September, October, November and December)

Intensive English Plus (37 lessons/week)
(Only available during June, July and August)

Students will change schedule in June and September (see details at ilac.com/youngadult)

COURSE FOCUS

You have the option to change this course every second week.

General English TOEFL Preparation The University Pathway Program

Business English IELTS Preparation Cambridge English (FCE, CAE or CPE)

Other: _____

PARENTS/GUARDIANS INFORMATION

(Preferably from both parents/guardians)

	Parent / Guardian 1	Parent / Guardian 2
Name		
Last name		
Date of birth <small>YYYY / MM / DD</small>		
Home Address		
Telephone		

AIRPORT TRANSFER

Arrival Date: _____ Flight Information _____ Airport Pick-up Yes No
YYYY / MM / DD (if available)

Departure Date: _____ Flight Information _____ Airport Drop-off Yes No
YYYY / MM / DD (if available)

ACCOMMODATION

Single Homestay Twin Homestay Residence* No Accommodation Special Request or Preferences

(On Request) (On Request)

Length Weeks: _____

Specify Residence* _____
Residence is available upon request, please email at residences@ilac.com

ILAC will do its best to accommodate your requests, however, due to availability ILAC cannot guarantee that your request will be granted.

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: _____
If No, would you like to book insurance through ILAC? Yes No YYYY/ MM / DD YYYY/ MM / DD

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

Do you have any medical problems or physical disability? Yes No List Medical Issues or Physical Disability: _____

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

Are you allergic to pets? Yes No List any other issues: _____

Do you smoke? Yes No

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