

## STUDENT INFORMATION

Mr. (男性)  Ms. (女性) Nationality: \_\_\_\_\_ (国籍) Mother Tongue: \_\_\_\_\_ (母国語)  Passport # \_\_\_\_\_ (パスポート番号)  
 Last Name: \_\_\_\_\_ (姓) (パスポートの記載名) First Name: \_\_\_\_\_ (名) (パスポートの記載名)  Date of Birth: \_\_\_\_\_ (生年月日) YYY / MM / DD  
 Home Address: \_\_\_\_\_ (住所) City: \_\_\_\_\_ (市) Province: \_\_\_\_\_ (都道府県)  
 Country: \_\_\_\_\_ (国)  Email: \_\_\_\_\_ (メールアドレス)  Telephone: \_\_\_\_\_ (電話番号)  
 AGENT INFORMATION  Agency: \_\_\_\_\_ (エージェンツ名)  Contact Person: \_\_\_\_\_ (担当者名)  Email: \_\_\_\_\_ (メールアドレス)

**SCHOOL LOCATION**  Toronto (トロント校)  Vancouver (バンクーバー校)

## PROGRAM DETAILS

### PROGRAM INTENSITY

Intensive English (30 lessons/week) (インテンシブ)  Power English (38 lessons/week) (パワーイングリッシュ)  Start Date: \_\_\_\_\_ (入学日) YYY / MM / DD  Weeks of Study \_\_\_\_\_ (週数)

### COURSE FOCUS

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

General English (一般英語)  Cambridge English (FCE) (ケンブリッジFCE対策)  TOEFL Preparation (TOEFL対策)  The University Pathway Program (大学・カレッジ進学)  
 Business English (ビジネス英語)  Cambridge English (CAE) (ケンブリッジCAE対策)  IELTS Preparation (IELTS対策)  Other \_\_\_\_\_ (その他)

## AIRPORT TRANSFER

Arrival Date: \_\_\_\_\_ (到着日) YYY / MM / DD  Flight Information \_\_\_\_\_ (フライト情報) (if available)  Airport Pick-up (空港出迎え) Yes  No  (要) (不要)  
 Departure Date: \_\_\_\_\_ (出発日) YYY / MM / DD  Flight Information \_\_\_\_\_ (フライト情報) (if available)  Airport Drop-off (空港見送り) Yes  No  (要) (不要)

## ACCOMMODATION

Single Homestay (シングルルーム・ホームステイ)  Residence\* (レジデンス)  No Accommodation (手配不要)

Length Weeks \_\_\_\_\_ (週数)

Specify Residence\* \_\_\_\_\_

Residence is available upon request, please email at [residences@ilac.com](mailto:residences@ilac.com)

レジデンスの空室状況と見積もりについては、[japan@ilac.com](mailto:japan@ilac.com)までお問い合わせください。

### Special Request or Preferences (希望詳細記入欄)

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

ご希望に合った滞在先を手配できるよう尽力いたしますが、リクエストにお応えできかねる場合もございますので予めご了承ください。

## MEDICAL INFORMATION

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

(注: ILACの生徒は、カナダ滞在中の保険加入が義務付けられています。)

Do you have Medical Insurance? (保険の有無) Yes  No  Policy Number: \_\_\_\_\_ (保険番号) Start Date: \_\_\_\_\_ (開始日) YYY / MM / DD End Date: \_\_\_\_\_ (終了日) YYY / MM / DD  
 If No, would you like to book insurance through ILAC? (ILACでの保険の手配) Yes  No   
 Do you have any allergies? (アレルギーの有無) Yes  No  List of Allergies \_\_\_\_\_ (詳細)  
 Do you have any medical problems or physical disability? (疾患の有無) Yes  No  List Medical Issues or Physical Disability: \_\_\_\_\_ (詳細)  
 Do you have any food restrictions? (食事制限の有無) Yes  No  List Food Restriction: \_\_\_\_\_ (詳細)  
 Are you allergic to pets? (ペットのアレルギー) Yes  No  List any other issues: \_\_\_\_\_ (詳細)  
 Do you smoke? (喫煙されますか?) Yes  No  (はい) (いいえ)

Applicant signature: \_\_\_\_\_ (出願者署名)  Co-applicant signature \_\_\_\_\_ (共同出願者署名)  Date: \_\_\_\_\_ (日付) YYY / MM / DD

I, hereby certify that the above information is true and complete. 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. I have read and understand all of ILAC policies & procedures including Code of Conduct (available on [ilac.com/policies](http://ilac.com/policies)).

申込書の記載内容が事実と相違ないことに同意します。記載内容が事実と異なることが判明した場合、除籍となる可能性があることを理解します。

学校内では英語のみ話することに同意します。ILACの規約を読み同意したことを認めます。(オンタリオ州18歳未満、ブリティッシュコロンビア州19歳未満はCode of Conductを含む)