

## STUDENT INFORMATION

Mr.  Ms. Nationality: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_  Passport # \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Date of Birth: \_\_\_\_\_  
(AS APPEARS ON PASSPORT) (AS APPEARS ON PASSPORT) YYYYY / 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

## PROGRAM INTENSITY

Intensive English (30 lessons/week)  Power English (38 lessons/week)  Start Date: \_\_\_\_\_ **Weeks of Study** \_\_\_\_\_  
YYYY / MM / DD

## COURSE FOCUS

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

General English  Cambridge English (FCE)  TOEFL Preparation  The University Pathway Program  
 Business English  Cambridge English (CAE)  IELTS Preparation Other \_\_\_\_\_

## 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)

## ACCOMODATION

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](mailto: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 YYYYY / 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

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 the Tuition Refund Policy and the Dispute Resolution Policy. (available on [ilac.com/policies](http://ilac.com/policies)).

Applicant signature: \_\_\_\_\_  Co-applicant signature \_\_\_\_\_  Date: \_\_\_\_\_  
YYYY / MM / DD