

## Student Information

Gender:  M  F  X

Email:

Last Name\*: \*As it appears on passport

Country:

First Name\*: \*As it appears on passport

Address:

Date of Birth:            /            /  
YYYY            MM            DD

City:

Province:                                  Postal Code:

Nationality:

Phone Number:

Mother Tongue:

Emergency Contact:

Passport #:

Emergency Contact Phone:

## Agent Information

Agency:

Contact Person:

Agent Email:

## Program Information

Program Intensity:

Intensive English (30 lessons/week)

Power English (38 lessons/week)

Start Date:            /            /  
YYYY            MM            DD

Weeks of Study:

Campus:  Toronto  Vancouver

Course Focus: you have the option to change this course every second week.

General English

TOEFL Preparation

Other:

Cambridge English (FCE, CAE, CPE)

IELTS Preparation

Business English

University Pathway Program

## Airport Transfer

Arrival Date:            /            /  
YYYY            MM            DD

Flight Information:

Airport Pick-up:  Yes  No

Departure Date:            /            /  
YYYY            MM            DD

Flight Information:

Airport Drop-off:  Yes  No

## Accommodation

Single Homestay

Twin Homestay (upon request)

Residence\* (upon request)

No Accommodation

Length in Weeks:

Special Requests or Preferences

Specify Residence\*:

Residences are available upon request, please email [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.

Continue on the next page

**Medical Information** \*Please note: it is mandatory for ILAC students to have medical insurance during their stay in Canada.

Do you have medical insurance*?	<input type="radio"/> Yes <input type="radio"/> No	Policy Number:	
If "No", would you like to book insurance through ILAC?	<input type="radio"/> Yes <input type="radio"/> No	Start Date:	____ / ____ / ____ <small>YYYY MM DD</small>
Do you have any allergies?	<input type="radio"/> Yes <input type="radio"/> No	End Date:	____ / ____ / ____ <small>YYYY MM DD</small>
Do you have any medical issues?	<input type="radio"/> Yes <input type="radio"/> No	List Allergies:	
Do you have any physical disabilities?	<input type="radio"/> Yes <input type="radio"/> No	List Medical Issues:	
Do you have any food restrictions?	<input type="radio"/> Yes <input type="radio"/> No	List Physical Disabilities:	
Are you allergic to pets?	<input type="radio"/> Yes <input type="radio"/> No	List Food Restrictions:	
Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No	List any other issues:	

**Applicant Signature:** \_\_\_\_\_

**Date:**

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