

Student Information

Gender: M F X

Last Name*:
*As it appears on passport

First Name*:
*As it appears on passport

Date of Birth: / /
 YYYY MM DD

Nationality:

Mother Tongue:

Passport #:

Email:

Country:

Address:

City:

Province: Postal Code:

Phone Number:

Emergency Contact:

Emergency Contact Phone:

Agent Information

Agency:

Contact Person:

Agent Email:

Program Information

Program Intensity:

Full-time Academic Program (32 lessons/week)

Semi-Intensive Program (20 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

IELTS Preparation

Cambridge English (FCE, CAE, CPE)

University Pathway Program

TOEFL Preparation

Other:

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

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

Parents/Guardians Information (preferably from both parents/guardians)

	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Date of Birth (YYYY/MM/DD)		
Home Address		
Phone Number		

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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	List Allergies:	End Date: ____ / ____ / ____ <small>YYYY MM DD</small>
Do you have any medical issues?	<input type="radio"/> Yes <input type="radio"/> No	List Medical Issues:	
Do you have any physical disabilities?	<input type="radio"/> Yes <input type="radio"/> No	List Physical Disabilities:	
Do you have any food restrictions?	<input type="radio"/> Yes <input type="radio"/> No	List Food Restrictions:	
Are you allergic to pets?	<input type="radio"/> Yes <input type="radio"/> No		
Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No		

Applicant Signature:

Parent/Legal Guardian 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).