

Student Information

Last Name*:

*As it appears on passport

Date of Birth:

YYYY / MM / DD

Home Address:

Country:

Email:

Emergency Contact Person:

Gender*:

 M F X

First Name*:

*As it appears on passport

Nationality:

Passport:

City:

Province:

Postal Code:

Telephone:

Emergency Contact Phone:

Agent Information

Agency:

Contact Person:

Agent Email:

Program Intensity

- Semester 1
 Semester 2
 Semesters 1 + 2

Start Date: (Semester 1)

- September 09, 2019
 December 30, 2019
 April 20, 2020

Location:

- Vancouver

Arrival Information

Arrival Date:

YYYY / MM / DD

Arrival Flight Information:

Airport Pick-up:

 Yes No

Departure Date:

YYYY / MM / DD

Departure Flight Information:

Airport Drop-off:

 Yes No

Accommodation

- Single Homestay Twin Homestay (on request) Residence (on request) No Accommodation

Length of accommodation:

weeks

Specify Residence:

Residence is available upon request, please email at residences@ilac.com
Medical Information

Do you have medical insurance*?

 Yes No

If No, would you like to book insurance through ILAC?

 Yes No

Do you have any allergies?

 Yes No

Do you have any medical problems or physical disability?

 Yes No

Do you have any food restrictions?

 Yes No

Are you allergic to pets?

 Yes No

Do you smoke?

 Yes No

Policy Number:

List of allergies:

List Medical Issues or Physical Disability:

List Food Restrictions:

List any other issues:

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).*

Applicant Signature: _____

Co-applicant Signature: _____

Date:

YYYY / MM / DD