

**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.

**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	Insurance Company:
Policy Number:		Start Date:    /    /    End Date:    /    /
		YYYY   MM   DD                      YYYY   MM   DD
If "No", would you like to book insurance through ILAC?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have any allergies?	<input type="radio"/> Yes <input type="radio"/> No	List Allergies:
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	List any other issues:
Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No	

**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))*  
 If purchasing the insurance directly from ILAC, I hereby consent to ILAC to releasing my personal information to any third party who applied and/or paid for the services on my behalf. Private information includes, without limitation, full name, date of birth, country of origin, gender, insurance plan type, policy number, policy group, policy ID number, the effective and expiry date of the insurance.