

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: / / Weeks of study: Campus: Toronto Vancouver
 YYYY MM DD

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: / / Flight Information: Airport Pick-up: Yes No
 YYYY MM DD

Departure Date: / / Flight Information: Airport Drop-off: Yes No
 YYYY MM DD

Accommodation

Single Homestay Twin Homestay (upon request) Residence* (upon request) No Accommodation

Length in weeks:

Specify Residence:

Residences are available upon request, please email residences@ilac.com

Special Requests or Preferences:

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		

Do you require a custodian declaration? Yes No

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:	
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)*
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.