

Agency:

Group Name:

Student 1

First Name:

Phone:

Last Name:

Country:

Gender: M F X

Mother Tongue:

Date of Birth: YYYY MM DD

Nationality:

Passport #:

City:

E-mail:

Postal Code:

Emergency Contact:

Emergency Phone:

Upload photo by clicking here

If you are using Adobe Reader, or viewing this form online, please visit this website to upload your photo:

Program Information

Start Date: YYYY MM DD End Date: YYYY MM DD

Length: weeks Flight Arrival:

Campus: Toronto Vancouver Flight Departure:

Parents / Guardians Information

Parent / Guardian 1

Parent / Guardian 2

Full Name:

Full Name:

Date of Birth: YYYY MM DD

Date of Birth: YYYY MM DD

Home Address:

Home Address:

Phone:

Phone:

Accommodation

Single Twin

If **Twin**, please specify roommate:

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.

Medical Issues:

Do you have your own medical insurance? Yes No

Physical Disabilities:

Policy Number:

Food Restrictions:

Start / End Date:

Applicant Signature

Parent / Guardian Signature

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 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.

Agency:

Group Name:

Student 2

First Name:

Phone:

Last Name:

Country:

Gender: M F X

Mother Tongue:

Date of Birth: YYYY MM DD

Nationality:

Passport #:

City:

E-mail:

Postal Code:

Emergency Contact:

Emergency Phone:

Upload photo by clicking here

If you are using Adobe Reader, or viewing this form online, please visit this website to upload your photo:

Program Information

Start Date: YYYY MM DD End Date: YYYY MM DD

Length: weeks Flight Arrival:

Campus: Toronto Vancouver Flight Departure:

Parents / Guardians Information

Parent / Guardian 1

Parent / Guardian 2

Full Name:

Full Name:

Date of Birth: YYYY MM DD

Date of Birth: YYYY MM DD

Home Address:

Home Address:

Phone:

Phone:

Accommodation

Single Twin

If **Twin**, please specify roommate:

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.

Medical Issues:

Do you have your own medical insurance? Yes No

Physical Disabilities:

Policy Number:

Food Restrictions:

Start / End Date:

Applicant Signature

Parent / Guardian Signature

YYYY MM DD

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Agency:

Group Name:

Student 3

First Name:

Phone:

Last Name:

Country:

Gender: M F X

Mother Tongue:

Date of Birth:

YYYY MM DD

Nationality:

Passport #:

City:

E-mail:

Postal Code:

Emergency Contact:

Emergency Phone:

Upload photo by clicking here

If you are using Adobe Reader, or viewing this form online, please visit this website to upload your photo:

Program Information

Start Date:

YYYY MM DD

End Date:

YYYY MM DD

Length:

weeks

Flight Arrival:

Campus: Toronto Vancouver

Flight Departure:

Parents / Guardians Information

Parent / Guardian 1

Full Name:

Date of Birth

YYYY MM DD

Home Address:

Phone:

Parent / Guardian 2

Full Name:

Date of Birth

YYYY MM DD

Home Address:

Phone:

Accommodation

Single Twin

If **Twin**, please specify roommate:

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.

Medical Issues:

Do you have your own medical insurance? Yes No

Physical Disabilities:

Policy Number:

Food Restrictions:

Start / End Date:

Applicant Signature

Parent / Guardian Signature

YYYY MM DD

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Agency:

Group Name:

Student 4

First Name:

Phone:

Last Name:

Country:

Gender: M F X

Mother Tongue:

Date of Birth: YYYY MM DD

Nationality:

Passport #:

City:

E-mail:

Postal Code:

Emergency Contact:

Emergency Phone:

Upload photo by clicking here

If you are using Adobe Reader, or viewing this form online, please visit this website to upload your photo:

Program Information

Start Date: YYYY MM DD End Date: YYYY MM DD

Length: weeks Flight Arrival:

Campus: Toronto Vancouver Flight Departure:

Parents / Guardians Information

Parent / Guardian 1

Parent / Guardian 2

Full Name:

Full Name:

Date of Birth: YYYY MM DD

Date of Birth: YYYY MM DD

Home Address:

Home Address:

Phone:

Phone:

Accommodation

Single Twin

If **Twin**, please specify roommate:

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.

Medical Issues:

Do you have your own medical insurance? Yes No

Physical Disabilities:

Policy Number:

Food Restrictions:

Start / End Date:

Applicant Signature

Parent / Guardian Signature

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 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.

Agency:

Group Name:

Student 5

First Name:

Phone:

Last Name:

Country:

Gender: M F X

Mother Tongue:

Date of Birth: YYYY MM DD

Nationality:

Passport #:

City:

E-mail:

Postal Code:

Emergency Contact:

Emergency Phone:

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Program Information

Start Date: YYYY MM DD End Date: YYYY MM DD

Length: weeks Flight Arrival:

Campus: Toronto Vancouver Flight Departure:

Parents / Guardians Information

Accommodation

Parent / Guardian 1

Parent / Guardian 2

Single Twin

Full Name:

Full Name:

If **Twin**, please specify roommate:

Date of Birth: YYYY MM DD

Date of Birth: YYYY MM DD

Home Address:

Home Address:

Do you require a custodian declaration?

Phone:

Phone:

Yes No

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

Medical Issues:

Do you have your own medical insurance? Yes No

Physical Disabilities:

Policy Number:

Food Restrictions:

Start / End Date:

Applicant Signature

Parent / Guardian Signature

YYYY MM DD

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Agency:

Group Name:

Student 6

First Name:

Phone:

Last Name:

Country:

Gender: M F X

Mother Tongue:

Date of Birth: YYYY MM DD

Nationality:

Passport #:

City:

E-mail:

Postal Code:

Emergency Contact:

Emergency Phone:

Upload photo by clicking here

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Program Information

Start Date: YYYY MM DD End Date: YYYY MM DD

Length: weeks Flight Arrival:

Campus: Toronto Vancouver Flight Departure:

Parents / Guardians Information

Parent / Guardian 1

Parent / Guardian 2

Full Name:

Full Name:

Date of Birth: YYYY MM DD

Date of Birth: YYYY MM DD

Home Address:

Home Address:

Phone:

Phone:

Accommodation

Single Twin

If **Twin**, please specify roommate:

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.

Medical Issues:

Do you have your own medical insurance? Yes No

Physical Disabilities:

Policy Number:

Food Restrictions:

Start / End Date:

Applicant Signature

Parent / Guardian Signature

YYYY MM DD

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Agency:

Group Name:

Student 7

First Name:

Phone:

Last Name:

Country:

Gender: M F X

Mother Tongue:

Date of Birth: YYYY MM DD

Nationality:

Passport #:

City:

E-mail:

Postal Code:

Emergency Contact:

Emergency Phone:

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Program Information

Start Date: YYYY MM DD End Date: YYYY MM DD

Length: weeks Flight Arrival:

Campus: Toronto Vancouver Flight Departure:

Parents / Guardians Information

Parent / Guardian 1

Parent / Guardian 2

Full Name:

Full Name:

Date of Birth: YYYY MM DD

Date of Birth: YYYY MM DD

Home Address:

Home Address:

Phone:

Phone:

Accommodation

Single Twin

If **Twin**, please specify roommate:

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.

Medical Issues:

Do you have your own medical insurance? Yes No

Physical Disabilities:

Policy Number:

Food Restrictions:

Start / End Date:

Applicant Signature

Parent / Guardian Signature

YYYY MM DD

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Agency:

Group Name:

Student 8

First Name:

Phone:

Last Name:

Country:

Gender: M F X

Mother Tongue:

Date of Birth: YYYY MM DD

Nationality:

Passport #:

City:

E-mail:

Postal Code:

Emergency Contact:

Emergency Phone:

Upload photo by clicking here

If you are using Adobe Reader, or viewing this form online, please visit this website to upload your photo:

Program Information

Start Date: YYYY MM DD End Date: YYYY MM DD

Length: weeks Flight Arrival:

Campus: Toronto Vancouver Flight Departure:

Parents / Guardians Information

Parent / Guardian 1

Parent / Guardian 2

Full Name:

Full Name:

Date of Birth: YYYY MM DD

Date of Birth: YYYY MM DD

Home Address:

Home Address:

Phone:

Phone:

Accommodation

Single Twin

If **Twin**, please specify roommate:

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.

Medical Issues:

Do you have your own medical insurance? Yes No

Physical Disabilities:

Policy Number:

Food Restrictions:

Start / End Date:

Applicant Signature

Parent / Guardian Signature

YYYY MM DD

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Agency:

Group Name:

Student 9

First Name:

Phone:

Last Name:

Country:

Gender: M F X

Mother Tongue:

Date of Birth: YYYY MM DD

Nationality:

Passport #:

City:

E-mail:

Postal Code:

Emergency Contact:

Emergency Phone:

Upload photo by clicking here

If you are using Adobe Reader, or viewing this form online, please visit this website to upload your photo:

Program Information

Start Date: YYYY MM DD End Date: YYYY MM DD

Length: weeks Flight Arrival:

Campus: Toronto Vancouver Flight Departure:

Parents / Guardians Information

Parent / Guardian 1

Parent / Guardian 2

Full Name:

Full Name:

Date of Birth: YYYY MM DD

Date of Birth: YYYY MM DD

Home Address:

Home Address:

Phone:

Phone:

Accommodation

Single Twin

If **Twin**, please specify roommate:

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.

Medical Issues:

Do you have your own medical insurance? Yes No

Physical Disabilities:

Policy Number:

Food Restrictions:

Start / End Date:

Applicant Signature

Parent / Guardian Signature

YYYY MM DD

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Agency:

Group Name:

Student 10

First Name:

Phone:

Last Name:

Country:

Gender: M F X

Mother Tongue:

Date of Birth: YYYY MM DD

Nationality:

Passport #:

City:

E-mail:

Postal Code:

Emergency Contact:

Emergency Phone:

Upload photo by clicking here

If you are using Adobe Reader, or viewing this form online, please visit this website to upload your photo:

Program Information

Start Date: YYYY MM DD End Date: YYYY MM DD

Length: weeks Flight Arrival:

Campus: Toronto Vancouver Flight Departure:

Parents / Guardians Information

Parent / Guardian 1

Parent / Guardian 2

Full Name:

Full Name:

Date of Birth: YYYY MM DD

Date of Birth: YYYY MM DD

Home Address:

Home Address:

Phone:

Phone:

Accommodation

Single Twin

If **Twin**, please specify roommate:

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.

Medical Issues:

Do you have your own medical insurance? Yes No

Physical Disabilities:

Policy Number:

Food Restrictions:

Start / End Date:

Applicant Signature

Parent / Guardian Signature

YYYY MM DD

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