

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

Start Date: / /
YYYY MM DD

Campus: Toronto Vancouver

Platinum Package: 4 weeks - \$4,800
Up to 18 activities included
 3 weeks - \$3,900
 2 weeks - \$3,050

Gold Package: 4 weeks - \$4,300
Up to 11 activities included
 3 weeks - \$3,500
 2 weeks - \$2,750

Start Dates: 4-Week Package: June 7th to August 2nd, 2021, 3-Week Package: June 7th to August 9th, 2021, 2-Week Package: June 7th to August 16th, 2021

Parents/Guardians Information

| | 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 any allergies? Yes No

List Allergies:

Do you have any medical issues? Yes No

List Medical Issues:

Do you have any physical disabilities? Yes No

List Physical Disabilities:

Do you have any food restrictions? Yes No

List Food Restrictions:

Are you allergic to any pets? Yes No

Specify which pet(s):

Applicant Signature: _____

Parent 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 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.