

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

Start Date: _____ / _____ / _____
YYYY MM DD

Campus: Toronto Vancouver

Platinum Package: 4 weeks - \$4,450
Up to 18 activities included

3 weeks - \$3,650

2 weeks - \$2,750

Gold Package: 4 weeks - \$3,950
Up to 11 activities included

3 weeks - \$3,250

2 weeks - \$2,450

Platinum Start Dates: 4-Week: Jan 4th, 2021
3-Week: Jan 4th to Jan 11th, 2021
2-Week: Jan 4th to Jan 18th, 2021

Gold Start Dates: 4-Week: Dec 7th, 2020 to Feb 1st, 2021
3-Week: Dec 7th, 2020 to Feb 8th, 2021
2-Week: Dec 7th, 2020 to Feb 15th, 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.