Registration Form - Page 1 of 2

Adult Programs (Ages 19+)

2020

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:

○ 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
○ Cambridge English (FCE, CAE, CPE)
○ Business English
○ TOEFL Preparation
○ IELTS Preparation
○ University Pathway Program

Other: _____

Airport Transfer:

Pick-up services are mandatory for students going into self-isolation.

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

Accommodation (14-day Self-Isolation)

○ **I do not need ILAC self-isolation accommodation**

Toronto: See additional options here.

○ Homestay
○ Hampton Hotel
○ Dream House (upon request)
○ Element Toronto
○ Casa Toronto
○ Other: _____

Vancouver: See additional options here.

○ Homestay
○ GEC Granville
○ Other: _____
○ Hilton Hotel
○ Samesun Hostels
○ YWCA

Accommodation (Post-Isolation)

○ 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.

Continue on the next page

Registration Form - Page 2 of 2

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Medical Information

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

Do you have medical insurance*? ○ Yes ○ No

Insurance Company: _____

Policy Number: _____

Start Date: ____/____/____ (YYYY MM DD)

End Date: ____/____/____ (YYYY MM DD)

If "No", would you like to book insurance through ILAC? ○ Yes ○ No

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 pets? ○ Yes ○ No

Specify which pet(s): _____

Do you smoke? ○ Yes ○ No

List any other issues: _____

Student Consent Form

Please carefully read and sign the **Student Consent Form** before arriving at any ILAC accommodation.

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)*
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.