

Student Information

Gender: <input type="radio"/> M <input type="radio"/> F <input type="radio"/> X	Email:
Last Name*: <small>*As it appears on passport</small>	Country:
First Name*: <small>*As it appears on passport</small>	Address:
Date of Birth: / / YYYY MM DD	City:
Nationality:	Province: Postal Code:
Mother Tongue:	Phone Number:
Passport #:	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:

Pick-up and Drop-off services are mandatory for young adult students.

Accommodation (14-day Self-Isolation)

Single Homestay

Length in weeks: Special Requests or Preferences:

Specify Residence:

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

ILAC will do its best to accommodate your requests, however, due to availability ILAC cannot guarantee that your request will be granted.

Accommodation (Post-Isolation)

Single Homestay Twin Homestay* (upon request)

Length in weeks: Special Requests or Preferences:

Specify Residence:

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

ILAC will do its best to accommodate your requests, however, due to availability ILAC cannot guarantee that your request will be granted.

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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: / /	End Date: / /
		<small>YYYY MM DD</small>	<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	Specify which pet(s):	
Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No		

Student Consent Form

Please carefully read and sign the [Student Consent Form](#) before arriving at any ILAC accommodation.

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.