



Student Information	Last Name:				E-mail:		
	First Name:				Country:	City:	
	Gender:	M	F	X	Address:		
	Date of Birth:	YYYY	MM	DD	Province:	Postal Code:	
	Nationality:				Emergency Contact:		
	Primary Language:				Emergency Contact Phone:		
	Passport #:				Are you planning on attending a university or college in Canada?	Yes	No

Agent	Have you been in contact with an agent?	Yes	No
	Agency:	City:	Country:
	Contact Agent:	Agent Email:	

Program Preference	Select a COURSE: You have the option to change this every second week		Select a time slot:		Select a campus:	
	General English	IELTS Preparation	Slot 1	Slot 4	Toronto	
	Cambridge English (FCE)	University Pathway	Slot 2	Slot 5	Vancouver	
	Cambridge English (CAE)		Slot 3			
	Number of Weeks:	Weeks	Start Date:	YYYY	MM	DD
						If you are unsure what time your lessons start in your time zone, click here

Additional Information	Select a preferred accommodation:				Do you have any allergies?		
	Homestay	Hotel	Residence	Other	Medical issues?		
	Do you have medical insurance?*	Yes	No		Physical disabilities?		
	<small>*It is mandatory for ILAC students to have medical insurance during their stay in Canada.</small>				Food restrictions?		
	Provider:	Start Date:		YYYY	MM	DD	Pet allergies?
	Policy #:	End Date:		YYYY	MM	DD	Do you smoke? Yes No
	If no, would you like insurance through ILAC?	Yes	No				

Device	What device will you use to access virtual classes?	Desktop	Laptop	Tablet	Smartphone	Other (specify below)
	Device model:					

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 have read and understand all of ILAC policies & procedures including the [Tuition Refund Policy](#). I will carefully read and sign the [Student Consent Form](#) before I arrive at any ILAC accommodation.