

## 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

IELTS Preparation

Other:

Cambridge English (FCE, CAE)

University Pathway Program

## Airport Transfer:

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

Departure Date:            /            /             
                                YYYY            /            MM            /            DD

Flight Information:

Airport Drop-off:  Yes  No

## Accommodation (14-day Self-Quarantine)

**Toronto:** See additional options [here](#).

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

I do not need ILAC self-quarantine accommodation

**Vancouver:** See additional options [here](#).

- Homestay             Hilton Hotel             YWCA  
 GEC Granville         Samesun Hostels  
 Other:

## Accommodation (Post-Quarantine)

- Single Homestay     Twin Homestay\* (upon request)     Residence\* (upon request)     No Accommodation

Length in weeks:

Special Requests or Preferences

Specify Residence\*:

Residences are available upon request, please email [residences@ilac.com](mailto: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.

Continue on the next page

## 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	Insurance Company:
Policy Number:		Start Date:    /    /         End Date:    /    /
		<small>YYYY MM DD                      YYYY MM DD</small>
If "No", would you like to book insurance through ILAC?	<input type="radio"/> Yes <input type="radio"/> No	
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	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](http://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.