ilackiss

YOUR ONLINE ENGLISH SCHOOL. KEEPING IT SIMPLE & SMART

REGISTRATION FORM

A Student Information

Last Name: (As it appears on your passport)

First Name: (As it appears on your passport)

Gender: ○ M ○ F ○ X

Date of Birth: YYYY MM DD

Nationality:

Primary Language:

Passport #:

E-mail:

Country: City:

Address:

Province: Postal Code:

Emergency Contact:

Emergency Contact Phone:

Are you currently in Canada? ○ Yes ○ No

Are you planning on attending a University or College in Canada? ○ Yes ○ No

B Agent

Have you been in contact with an agent? ○ Yes ○ No

Agency:

City: Country:

Contact Agent:

Agent Email:

C Program Preference

Select a program:

○ **Full time**
(20 lessons per week)
Monday-Friday (slot 1-4)
Sunday - Thursday (slot 5)

○ **Part-Time**
(12 lessons per week)
Monday-Thursday

Select a course:

○ **General English**
○ **Cambridge English (FCE)**
○ **Cambridge English (CAE)**
○ **IELTS Preparation**
○ **University Pathway***

*Not available in Part Time schedule.

Select a time slot:

○ **Slot 1** ○ **Slot 4**
○ **Slot 2** ○ **Slot 5**
○ **Slot 3**

If you are unsure what time your lessons start in your time zone, please visit www.ilac.com/ilac-kiss-virtual

Number of Weeks: Weeks

Start Date: YYYY MM DD

D Device

What device will you access classes on? ○ 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.**