



YOUR ONLINE ENGLISH SCHOOL. KEEPING IT SIMPLE & SMART



REGISTRATION FORM

(A) Student Information

Last Name: _____ E-mail: _____

First Name: _____ Country: _____ City: _____

Gender: M F X Address: _____

Date of Birth: _____ Province: _____ Postal Code: _____

Nationality: _____ Emergency Contact: _____

Primary Language: _____ Emergency Contact Phone: _____

Passport #: _____ 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 (slot 1-4)
Sunday - Wednesday (slot 5)

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: _____

(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](#).