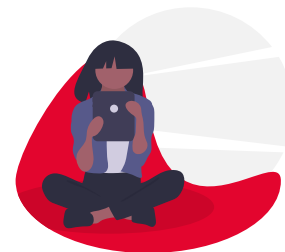




YOUR ONLINE ENGLISH SCHOOL. KEEPING IT SIMPLE & SMART



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

WhatsApp Phone: _____ 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

<p>Full Time (20 lessons per week)</p> <p>Monday - Friday or Sunday - Thursday</p> <p>↓</p> <p>Slot 1 Slot 2 Slot 3 Slot 4 Slot 5</p>	<p>Semi-Time (12 lessons per week)</p> <p>Monday - Thursday or Sunday - Wednesday</p> <p>↓</p> <p>Slot 6 Slot 7 Slot 8 Slot 9 Slot 10</p>	<p>Part-Time (6 lessons per week)</p> <p>Monday & Wednesday or Tuesday & Thursday or Sunday & Tuesday or Saturday</p> <p>↓</p> <p>Slot 11 Slot 12 Slot 13 Slot 14 Slot 15 Saturday A B A B A B A B A B</p>	<p>If you are unsure what time your lessons start in your time zone, please visit ilac.com/ilac-kiss-virtual</p>
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General English
Cambridge English
(FCE, CAE & CPE)

IELTS Preparation
CELPPIP Preparation*
University Pathway

*Only available in Slot 10 & Saturday.

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](#).