



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>Saturday (6 lessons per week)</p> <p>Every Saturday</p> <p>↓</p> <p>Saturday Slot</p>	<p>If you are unsure what time your lessons start in your time zone, please visit ilac.com/ilac-kiss-virtual</p>
<p>General English Cambridge English (FCE, CAE & CPE)</p>	<p>IELTS Preparation CELPPIP Preparation* University Pathway</p> <p><small>*Only available in Slot 10 & Saturday.</small></p>	<p>Number of Weeks: _____ Weeks</p> <p>Start Date: _____</p>	

(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](#).