

Student Information

Gender: M F X

Email:

Last Name*: *As it appears on passport

Country:

First Name*: *As it appears on passport

Address:

Date of Birth: / /
YYYY MM DD

City:

Province: Postal Code:

Nationality:

Phone Number:

Mother Tongue:

Emergency Contact:

Passport #:

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

TOEFL Preparation

Other:

Cambridge English (FCE, CAE, CPE)

IELTS Preparation

Business English

University Pathway Program

Pathway College Information

Only complete this section if you selected "University Pathway Program" as your Course Focus.

College/University name:

Undecided

Program name:

Undecided

I have applied to a college: Yes No

Start Date: / /
YYYY MM DD

I will use the ILAC Pathway service to get a conditional LOA from a college or university: Yes No

Airport Transfer:

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

Departure Date: / /
YYYY / MM / DD

Flight Information:

Airport Drop-off: Yes No

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Accommodation (14-day Quarantine)

Toronto:

- Homestay Dream House Parkside Residence
 Hampton Hotel Casa Toronto

Vancouver:

- Homestay GEC Granville
 Sandman Hotel YWCA

Accommodation (Post-Quarantine)

- Single Homestay Twin Homestay (upon request) Residences

Length in weeks:

Special Requests or Preferences

Specify Residence*:

Residences are available upon request, please email 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.

Medical Information *Please note: it is mandatory for ILAC students to have medical insurance during their stay in Canada.

Do you have medical insurance*? Yes No

Insurance Company:

Policy Number:

Start Date: / / End Date: / /
YYYY MM DD YYYY MM DD

If "No", would you like to book insurance through ILAC? Yes No

Do you have any allergies? Yes No

List Allergies:

Do you have any medical issues? Yes No

List Medical Issues:

Do you have any physical disabilities? Yes No

List Physical Disabilities:

Do you have any food restrictions? Yes No

List Food Restrictions:

Are you allergic to pets? Yes No

Specify which pet(s):

Do you smoke? Yes No

List any other issues:

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) 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.

Schedule "A"—Release, Waiver, and Indemnity (the "Release")

To: International Language Academy of Canada Inc. ("ILAC"), its resellers, agents, employees, indemnitors, successors, landlords, accommodation providers and suppliers (collectively, the "Releasees")

- Assumption of Risks.** I understand that the Releasees are offering me the opportunity to participate in activities (collectively, the "Activities"), such as: classroom instruction (on premises and via online delivery), accommodation with host families or in student residences, indoor and outdoor excursions, educational tours, and social events, and airport transfer (from and/or to airport), which involve risks, dangers, and hazards, including but not limited to: potential exposure to Covid-19, allergic reaction, food borne illness, accidents during any of the Activities, including while during transport/travel, stress, health and medical conditions, and the negligence of participants, third parties, or the Releasees. I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage, and loss resulting therefrom.
- Waiver and Release.** In consideration of the Releasees agreeing to my participation in the Activities, I waive all claims that I have or may in future have against the Releasees and release them from any and all liability for any loss, damage, expense, or injury, including death, that I may suffer as a result of my participation in the Activities due to any cause whatsoever, including any negligence, breach of contract, or breach of a duty of care, including any failure to take reasonable steps to safeguard or protect me from the risks, dangers, and hazards of participation.
- Miscellaneous.** In executing this Release, I am not relying on any oral or written representations or statements of the Releasees other than as set forth in this document. This Release is effective and binding upon my heirs, successors, assigns, and representatives. Any matters arising from this Release will be governed by the respective provincial laws (British Columbia, or Ontario), and I irrevocably attorn to the jurisdiction of the courts of that Province in such matters.