Registration Form - Page 1 of 2

Year-Round Young Adult Programs (Ages 16 to 18)

2021

Student Information

Gender: ○ M ○ F ○ X

Last Name*: _____
*As it appears on passport

First Name*: _____
*As it appears on passport

Date of Birth: ____/____/____
YYYY MM DD

Nationality: _____

Mother Tongue: _____

Passport #: _____

Email: _____

Country: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone Number: _____

Emergency Contact: _____

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: ____/____/____ Weeks of study: _____ Campus: ○ Toronto ○ Vancouver
YYYY MM DD

Course Focus: you have the option to change this course every second week.

○ General English
○ Cambridge English (FCE, CAE, CPE)
○ Business English
○ TOEFL Preparation
○ IELTS Preparation
○ University Pathway Program

Other: _____

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

Student Consent Form

Please carefully read and sign the **Student Consent Form** before arriving at any ILAC accommodation.

Airport Transfer:

Pick-up and Drop-off services are mandatory for young adult students.

Continue on the next page

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Year-Round Young Adult Programs (Ages 16 to 18)

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Accommodation (14-day Self-Quarantine)

○ Single Homestay

Length in weeks: _____

Specify Residence: _____

Residences are available upon request, please email residences@ilac.com

Special Requests or Preferences: _____

ILAC will do its best to accommodate your requests, however, due to availability ILAC cannot guarantee that your request will be granted.

Accommodation (Post-Quarantine)

○ Single Homestay ○ Twin Homestay* (upon request)

Length in weeks: _____

Specify Residence: _____

Residences are available upon request, please email residences@ilac.com

Special Requests or Preferences: _____

ILAC will do its best to accommodate your requests, however, due to availability ILAC cannot guarantee that your request will be granted.

Parents/Guardians Information (preferably from both parents/guardians)

	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Date of Birth (YYYY/MM/DD)		
Home Address		
Phone Number		

Do you require a custodian declaration? ○ Yes ○ No

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

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

Do you have any allergies? ○ Yes ○ No

Do you have any medical issues? ○ Yes ○ No

Do you have any physical disabilities? ○ Yes ○ No

Do you have any food restrictions? ○ Yes ○ No

Are you allergic to pets? ○ Yes ○ No

Do you smoke? ○ Yes ○ No

Policy Number: _____

Start Date: ____/____/____ (YYYY MM DD) End Date: ____/____/____ (YYYY MM DD)

List Allergies: _____

List Medical Issues: _____

List Physical Disabilities: _____

List Food Restrictions: _____

Specify which pet(s): _____

Applicant Signature: _____

Parent/Legal Guardian 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.