ilackiss

YOUR ONLINE ENGLISH SCHOOL. KEEPING IT SIMPLE & SMART

REGISTRATION FORM

A Student Information

Last Name: (As it appears on your passport)

First Name: (As it appears on your passport)

Gender: ○ M ○ F ○ X

Date of Birth: YYYY MM DD

Nationality:

Primary Language:

Passport #:

E-mail:

Country: City:

Address:

Province: Postal Code:

Emergency Contact:

Emergency Contact Phone:

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:

- ○ **Adult Intensive Program**
- ○ **Young Adult Intensive Program** (ages 14-18)

Select a course:

- ○ **General English**
- ○ **Business English**
- ○ **University Pathway**
- ○ **IELTS Preparation**
- ○ **Cambridge Preparation**

Select a time slot:

- ○ **Slot 1**
- ○ **Slot 2**
- ○ **Slot 3**
- ○ **Slot 4**

If you are unsure what time your lessons start in your time zone, please visit ilackiss.com

Number of Weeks: Weeks

Start Date: YYYY MM DD

D Device

What device will you access classes on? ○ Desktop ○ Laptop ○ Tablet ○ Smartphone ○ Other (specify below)

Device model: