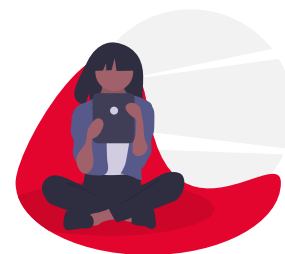




YOUR ONLINE ENGLISH SCHOOL. KEEPING IT SIMPLE & SMART



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	
			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:	Select a course:	Select a time slot:
	Adult Intensive Program	General English	Slot 1 Slot 3
	Young Adult Intensive Program (ages 14-18)	Business English	Slot 2 Slot 4
		University Pathway	If you are unsure what time your lessons start in your time zone, please visit ilackiss.com
		IELTS Preparation	
		Cambridge Preparation	
	Number of Weeks: Weeks	Start Date:	

(D) Device	What device will you access classes on? Desktop Laptop Tablet Smartphone Other (specify below)					
	Device model:					