

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: / /
 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

Airport Transfer:

Arrival Date: / /
 YYYY MM DD

Flight Information:

Airport Pick-up: Yes No

Departure Date: / /
 YYYY MM DD

Flight Information:

Airport Drop-off: Yes No

Accommodation

Single Homestay

Twin Homestay (upon request)

Residence* (upon request)

No Accommodation

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.

Continue on the next page

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: / /
 YYYY MM DD

End Date: / /
 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

List any other issues:

Do you smoke? Yes No

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.