

## Student Information

Gender:  M  F  Other:

Email:

Last Name\*: \*As it appears on passport

Country:

First Name\*: \*As it appears on passport

Address: (Home Country)

Date of Birth:                    /                    /  
YYYY                    MM                    DD

City:

Province:                    Postal Code:

Nationality:

Phone Number:

Mother Tongue:

Emergency Contact:

Passport #:

Emergency Contact Phone:

Are you currently in Canada?  Yes  No

Address: (in Canada)

City:                    Province:                    Postal Code:

If yes, you must submit your Study Permit OR your Canadian visa (TRV or eTA) with your flight details showing your date of arrival in Canada. This is required for the school to complete your registration

## Agent Information

Agency:

Contact Person:

Agent Email:

## Program Information

**Cambridge Test**                    Token Number:                    Results:

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                     IELTS Preparation                     Business English  
 Cambridge English (FCE, CAE, CPE)                     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

The agency is doing the application process directly with the college/university:  Yes  No

## 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

Continue on the next page

## Accommodation

Single Homestay    
  Twin Homestay (upon request)    
  Roomstay (no meals)    
  Residences

Length in weeks:

Special Requests or Preferences

Specify Residence\*:

Residences are available upon request, please email [residences@ilac.com](mailto: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.

**Cancellation and late notice handling fees:** If a guest needs to cancel their stay BEFORE the check-in date, please advise ILAC in writing as soon as possible. The timing of when ILAC receives the written notice determines if/what penalties may occur. \*Accommodation placement fee is non-refundable once placement letter has been issued.

Date of written notice of cancellation/modifications received	Penalty will apply
Less than 4 weeks but more than 14 days before the check-in date	2 weeks of total Accommodation fee are non-refundable
Less than 14 days before the check-in date	4 weeks of total Accommodation fee are non-refundable

New placement might be applied if requested late extension (less than two weeks)

## Medical Information

ILAC Essential Health Care is included for the duration of your course (from arrival date in Canada). Concierge Health Care Membership starts on date of departure. Insurance benefits are provided by guard.me International Insurance and underwritten by Old Republic Insurance Company of Canada.

Would you like to purchase a Concierge Health Care Membership?     Yes     No

Length of membership:

Start Date:    /    /     
YYYY    MM    DD

End Date:    /    /     
YYYY    MM    DD

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  
 /    /

**This document is important. In accepting it, you are confirming you understand and agree to all English content contained in this document.**

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](http://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 and/or any respiratory virus, 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.

**Applicant Signature:**

**Date:**

YYYY    MM    DD  
 /    /