

▶ Student Information

Last Name*:

*As it appears on passport

Email:

First Name*:

*As it appears on passport

Country:

Gender: M F X:

Address (Home Country):

Chosen Name:

(If X was chosen above)

City:

Province:

Postal Code:

Date of Birth:

YYYY / MM / DD

Phone Number:

Nationality:

Emergency Contact Name:

Mother Tongue:

Emergency Contact Phone:

Passport #:

Campus: Toronto Vancouver

Are you currently in Canada? Yes No

Address: (in Canada)

City: Province:

Postal Code:

Phone: (in Canada)

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

Start Date:

YYYY / MM / DD

Weeks of study:

Course Focus:

You have the option to change this course every second week.

Schedule: Full Time
(Mon - Thu)

Professional English

IELTS Preparation

CELPIP Preparation

Foundation English for Beginners

Part Time A
(Mon + Wed)

Part Time B
(Tue+ Thu)

Please take our online English test below:

[LINK](#) or visit www.ilac.com/online-test/

Cambridge Test Results:

Token Number:

Test Date:

Continue on the next page

Medical Information

- 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). I understand I am responsible to bring my own device to class to facilitate learning where necessary.

Schedule "A"—Release, Waiver, and Indemnity (the "Release")

1. 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), and social events which involve risks, dangers, and hazards, including but not limited to: potential exposure to communicable diseases and/or any respiratory virus, allergic reaction, foodborne 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.
2. 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.
3. 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