



r	Last Name:	E-mail:			
	First Name:	Country: City:			
	Gender: M F X:	Address:			
atior	Chosen Name:	Province: Postal Code:			
lform	Date of Birth:	Emergency Contact Name:			
Student Information	Nationality:	Emergency Contact Phone:			
Stud	Primary Language:	Are you currently in Canada? Yes No			
	Passport #:	Are you planning on attending a university or college in Canada? Yes No			
	WhatsApp Phone:				
	Placement Test Date:	Please enter the date you completed your placement test. DD			
Full-Time Program	Full Time (20 lessons per week) Slot 1 Slot 2 Slot 4 Slot 5 Monday - Friday Slot 4 Slot 5	Slot 3 Some programs are not available in every time slot. Please speak to an admissions advisor for more details. If you are unsure what time your lessons start in your time zone, please visit <u>ilac.com/</u> ilac-kiss-virtual			
B Full-Time	General Test Preparation (TEF & TCF)	Number of Weeks: Weeks Start Date:			



REGIS [•]	TRAT	ION
FORM		

\bigcirc Pathway College Info	Please complete this section if you selected " University Pathway " as your program. College / University Name: Undecided Undecided					
		Start Date: department:	ciate Degree Yes Yes	Bachelor Degree No No	Certificate	
t	Have you been in contact with an agent? Yes	No				
D Ager	Agency: Contact Agent:	City: Agent Email:		Country:		

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 have read and understand all of ILAC policies & procedures including the <u>Tuition Refund Policy</u>.

I, understand that study permits cannot be issued for programs that are solely distance learning and that all study permit holders must actively pursue their course or program of study while they are in Canada.