



YOUR ONLINE ENGLISH SCHOOL. KEEPING IT SIMPLE & SMART



# REGISTRATION FORM

A Student Information

Last Name:

E-mail:

First Name:

Country:  
(of birth)

City:

Gender:      M      F      X:

Address:  
(home country)

Chosen Name:

Province:

Postal Code:

Date of Birth:

YYYY      MM      DD

Emergency Contact Name:

Nationality:

Emergency Contact Phone:

Primary Language:

Are you currently in Canada?      Yes      No

WhatsApp Phone:

Are you planning on attending a university or college in Canada?      Yes      No

B1 Full-Time Program

**Full Time** (20 lessons per week)

Monday - Friday or  
Sunday - Thursday



Slot 1     Slot 2     Slot 3

Slot 4    Slot 5

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 [ilac.com/ilac-kiss-virtual](http://ilac.com/ilac-kiss-virtual)

**General English**

**IELTS Preparation**

**Cambridge English** (FCE, CAE & CPE)

**University Pathway**

Number of Weeks:      Weeks

Start Date:      YYYY      MM      DD

B2 Part-Time Program

**Part Time**

**(8 lessons per week, Mon - Thu)**

**Time Slot 6** (7:00am ET)

**Time Slot 7** (7:30pm ET)

**(4 lessons per week)**

**Time Slot 6A** (Mon + Wed) (7:00am ET)

**Time Slot 6B** (Tue + Thu) (7:00am ET)

**Time Slot 7A** (Mon + Wed) (7:30pm ET)

**Time Slot 7B** (Tue + Thu) (7:30pm ET)

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Number of Weeks:      Weeks

Start Date:      YYYY      MM      DD

**Foundation English**

**CELPPIP Preparation**



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Pathway College Info

Please complete this section if you selected "University Pathway" as your program.

College / University Name: Undecided

Program Name: Undecided

Program Level: **Master**   **MBA**   **Postgraduate**   **Diploma**   **Associate Degree**   **Bachelor Degree**   **Certificate**

I have applied to a college:    Yes    No                      Start Date:                      YYYY                      MM                      DD

I will do the college application with the ILAC Pathway department:    Yes    No

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

Agent

Have you been in contact with an agent?    Yes    No

Agency:    City:    Country:

Contact Agent:    Agent Email:

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 [Tuition Refund Policy](#).

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.

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

I, understand that it is my responsibility to maintain valid status in Canada (visitor or study permit) for all short-term studies under 24 weeks at ILAC, and I will comply with all IRCC conditions.