



## **REGISTRATION FORM**



	Last Name:		E-mail:				
	First Name:		Country: City:	ountry: City:			
_	Gender: M	F X:	Address: (home country)				
lation	Chosen Name:		Province: Postal Code:	Province: Postal Code: Emergency Contact Name:			
form	Date of Birth:	ry MM DD	Emergency Contact Name:				
Student Information	Nationality:		Emergency Contact Phone:				
Stud	Primary Language:		Are you currently in Canada? Yes	Are you currently in Canada? Yes No			
∢	WhatsApp Phone:		Are you planning on attending a university or college in Canada? Yes				
	Cambridge Test	Token Number:	Results: Test Date:				
ne Program	<b>Full Time</b> (20 lessons per week) Monday - Friday or Sunday - Thursday	Slot 1 Slot 2 Slot 4 Slot 5	to an admissions advisor for more details. If you are unsure w	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 <b>ilac.com/</b> <b>ilac-kiss-virtual</b> .			
B1 Full-Time	General English Cambridge English (FCE	IELTS Preparati	ridifiber of weeks.				
			: YYYY MM	DD			
am	Part Time (4 lessons per week)		Some programs are not available in every time slot. Please speak				
Prog	(8 lessons per week, Mon - Thu) Time Slot 6A (Mon + Wed) (7:00am E		Oam ET) time your lessons start in your time zone, please visit <u>ilac.cor</u>	ilac-kiss-virtual			
ime	Time Slot 6 (7:00am ET) Time Slot 7 (7:30pm ET)	Time Slot 6B (Tue + Thu) (7:00a Time Slot 7A (Mon + Wed) (7:30					
Part-Time Program		Time Slot 7B (Tue + Thu) (7:30p	Number of Weeks: Weeks				
Ш В З	Foundation English	Academic English	Start Date:	DD			







## **REGISTRATION FORM**

fo	Please complete this section if you selected "University Pathway" as your program.							
College Info	College / University Name:	Undecided						
	Program Name:	Undecided						
vay (	Program Level: Master MBA Postgraduate Diploma Associate De	gree	<b>Bachelor Degree</b>	Certificate				
Pathway	I have applied to a college: Yes No Start Date:	YYYY	MM	DD				
$\bigcirc$	I will do the college application with the ILAC Pathway department: Ye	es	No					
	The agency is doing the application directly with the college/university: Ye	es	No					
	·			,				
D 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 <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.

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