

Student Information

(A)

Last Name:

E-mail:
(if one exists)

First Name:

Country:
(of birth)

City:

Gender: M F X:

Address:
(home country)

Chosen Name:

Province:

Postal Code:

Date of Birth:

YYYY

MM

DD

Are you currently in Canada?

Yes

No

Nationality:

Are you planning on attending
a university or college in
Canada, US or Europe?

Yes

No

Primary Language:

Are you planning on attending
a high school in Canada?

Yes

No

Preferably filled by both parents / guardians	Parent/Guardian 1	Parent/Guardian 2	Emergency Contact if different from parents / guardians
Full Name			
Date of Birth YYYY/MM/DD			
Home Address			
Phone Number			
Email Select preferred email for communication.			

Program

(B)

Part Time

(8 lessons per week, Mon - Thu)

Time Slot 6 (7:00am ET)

Time Slot 7 (7:30pm ET)

Age Group

Juniors (7-10)

Youths (11-14)

- Yes, I would like to take the online placement test
- No, I would opt out of the placement test and start in the Beginner level

Number of Weeks:

Start Date:

YYYY

MM

DD

For a list of start dates please visit <https://ilac.com/kids/>

Agent

(C)

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.

Parent Signature:

Applicant Signature:

Date

YYYY

MM

DD