



YOUR ONLINE ENGLISH SCHOOL. KEEPING IT SIMPLE & SMART



REGISTRATION FORM

(A) Student Information

Last Name: _____ E-mail: _____

First Name: _____ Country: _____ City: _____

Gender: M F X Address: _____

Date of Birth: _____ Province: _____ Postal Code: _____

Nationality: _____ Emergency Contact: _____

Primary Language: _____ Emergency Contact Phone: _____

Passport #: _____ Are you currently in Canada? Yes No

Are you planning on attending a University or College in Canada? Yes No

(B) Agent

Have you been in contact with an agent? Yes No

Agency: _____ City: _____ Country: _____

Contact Agent: _____ Agent Email: _____

(C) Program Preference

<p>Select a program:</p> <p>Adult Intensive Program</p> <p>Young Adult Intensive Program (ages 14-18)</p>	<p>Select a course:</p> <p>General English</p> <p>Business English</p> <p>University Pathway</p> <p>IELTS Preparation</p> <p>TOEFL Preparation</p> <p>Cambridge Preparation</p>	<p>Select a time slot:</p> <p>Slot 1 Slot 3</p> <p>Slot 2 Slot 4</p> <p>If you are unsure what time your lessons start in your time zone, please visit ilackiss.com</p>
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Number of Weeks: _____ Weeks Start Date: _____

(D) Device

What device will you access classes on? Desktop Laptop Tablet Smartphone Other (specify below)

Device model: _____

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](#).