



YOUR ONLINE ENGLISH SCHOOL. KEEPING IT SIMPLE & SMART

REGISTRATION FORM



Student Information

A

Last Name:

E-mail:

First Name:

Country:

City:

Gender: M F X:

Address:

Chosen Name:

Province:

Postal Code:

Date of Birth:

Emergency Contact Name:

Nationality:

Emergency Contact Phone:

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:

Cambridge Test

Token Number:

Results:

Test Date:

Full-Time Program

B1

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

General English
Cambridge English (FCE, CAE & CPE)
IELTS Preparation

Business English
University Pathway

Number of Weeks: Weeks

Start Date:

Part-Time Program

B2

Part Time (8 or 4 lessons per week)

Time Slot 6 (Morning ET)
Time Slot 7 (Evening ET)



8 Lessons (Mon - Thu)
4 Lessons - A (Mon + Wed)
4 Lessons - B (Tue + Thu)

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

Foundation English

Academic English

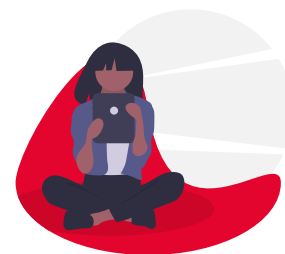
Number of Weeks: Weeks

Start Date:



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Pathway College Info

C

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:

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

D

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.