ilackiss

YOUR ONLINE ENGLISH SCHOOL. KEEPING IT SIMPLE & SMART

REGISTRATION FORM

A Student Information

Last Name: (As it appears on your passport)

First Name: (As it appears on your passport)

Gender: ◯ M ◯ F ◯ X

Date of Birth: YYYY MM DD

Nationality:

Primary Language:

Passport #:

WhatsApp Phone:

E-mail:

Country: City:

Address:

Province: Postal Code:

Emergency Contact:

Emergency Contact Phone:

Are you currently in Canada? ◯ Yes ◯ No

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

B Program Preference

◯ **Full Time** (20 lessons per week)

Monday - Friday or
Sunday - Thursday

◯ **Slot 1** ◯ **Slot 2** ◯ **Slot 3**
◯ **Slot 4** ◯ **Slot 5**

◯ **Semi-Time** (12 lessons per week)

Monday - Thursday or
Sunday - Wednesday

◯ **Slot 6** ◯ **Slot 7** ◯ **Slot 8**
◯ **Slot 9** ◯ **Slot 10**

◯ **Saturday** (6 lessons per week)

Every
Saturday

◯ **Saturday Slot**

If you are unsure what time your lessons start in your time zone, please visit ilac.com/ilac-kiss-virtual

Some programs are not available in every time slot. Please speak to an admissions advisor for more details.

◯ **General English**
◯ **Cambridge English** (FCE, CAE & CPE)
◯ **TOEFL Preparation**
◯ **IELTS Preparation**
◯ **CELPIP Preparation**
◯ **Business English**
◯ **University Pathway**

Number of Weeks: Weeks

Start Date: YYYY MM DD

C Pathway College Info

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

College / University Name: ☐ **Undecided**

Program Name: ☐ **Undecided**

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

I will use the ILAC Pathway services to apply to a college or university: ◯ Yes ◯ No

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

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D Agent

Have you been in contact with an agent? ○ Yes ○ No

Agency: _____ City: _____ Country: _____

Contact Agent: _____ Agent Email: _____

E 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.**