

Application Form

• Student Information

Last Name*:

*As it appears on passport

Middle Name*:

*As it appears on passport

First Name*:

*As it appears on passport

Date of Birth:

YYYY / MM / DD

Gender: ☐ Male ☐ Female ☐ Other:

Home Country Address:

City/Province:

Postal Code:

Country:

First Language:

Email:

Overseas Telephone:

Skype ID:

Status in Canada: ☐ Domestic ☐ International

Are you currently in Canada?* ☐ Yes ☐ No

Location: ☐ Vancouver ☐ Toronto

Canadian Address:

City/Province:

Postal Code:

* Even if you are currently in Canada, please provide your overseas address and telephone number in the above section.

Will you be 18 years of age or older on or before the program commencement? ☐ Yes ☐ No

• Programs

☐ Service Excellence for Business Diploma
with Co-op 48 weeks

☐ Service Essentials for Business Diploma
with Co-op 40 weeks

☐ Service Excellence for Business Certificate
26 weeks

Choose a
start date

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> May 16, 2022 | <input type="radio"/> Jan 3, 2023 | <input type="radio"/> Aug 14, 2023 |
| <input type="radio"/> Jun 27, 2022 | <input type="radio"/> Feb 3, 2023 | <input type="radio"/> Sep 25, 2023 |
| <input type="radio"/> Aug 15, 2022 | <input type="radio"/> Mar 27, 2023 | <input type="radio"/> Nov 6, 2023 |
| <input type="radio"/> Sep 26, 2022 | <input type="radio"/> May 15, 2023 | |
| <input type="radio"/> Nov 7, 2022 | <input type="radio"/> Jun 26, 2023 | |

☐ Communication & Service Essentials
Certificate 30 weeks

☐ Communication & Service Essentials
Diploma with Co-op 60 weeks

Choose a
start date

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> May 16, 2022 | <input type="radio"/> Jan 3, 2023 | <input type="radio"/> Aug 14, 2023 |
| <input type="radio"/> Jun 27, 2022 | <input type="radio"/> Feb 3, 2023 | <input type="radio"/> Sep 25, 2023 |
| <input type="radio"/> Aug 15, 2022 | <input type="radio"/> Mar 27, 2023 | <input type="radio"/> Nov 6, 2023 |
| <input type="radio"/> Sep 26, 2022 | <input type="radio"/> May 15, 2023 | |
| <input type="radio"/> Nov 7, 2022 | <input type="radio"/> Jun 26, 2023 | |

☐ Sales & Marketing Diploma
52 weeks

☐ Sales & Marketing Certificate with Co-op
54 weeks

☐ Sales & Marketing Diploma with Co-op
92 weeks

Choose a
start date

- | | |
|------------------------------------|------------------------------------|
| <input type="radio"/> May 24, 2022 | <input type="radio"/> Mar 13, 2023 |
| <input type="radio"/> Aug 8, 2022 | <input type="radio"/> May 23, 2023 |
| <input type="radio"/> Oct 17, 2022 | <input type="radio"/> Aug 7, 2023 |
| <input type="radio"/> Jan 9, 2023 | <input type="radio"/> Oct 16, 2023 |

☐ Business Administration Diploma
52 weeks

☐ Business Administration Diploma
with Co-op 92 weeks

Choose a
start date

- | | |
|------------------------------------|------------------------------------|
| <input type="radio"/> May 24, 2022 | <input type="radio"/> Mar 13, 2023 |
| <input type="radio"/> Aug 8, 2022 | <input type="radio"/> May 23, 2023 |
| <input type="radio"/> Oct 17, 2022 | <input type="radio"/> Aug 7, 2023 |
| <input type="radio"/> Jan 9, 2023 | <input type="radio"/> Oct 16, 2023 |

• **Emergency Contact Information**

Emergency Contact Name:

Emergency Contact Phone:

• **Agent Information** (if applicable)

Agency:

Contact Person:

Agent Email:

• **Cambridge Test**

Token Number:

Results:

• **Additional Services**

Will you require accommodation?

☐ Yes

☐ No

☐ Will decide later

Accommodation type

Length of Stay

☐ Homestay

weeks

☐ Residence

(on request)

Arrival Date:

YYYY

/

MM

/

DD

Airport Pick-up:

☐ Yes

☐ No

Would you like to buy medical insurance with ILAC IC?*

*It is mandatory for you as an ILAC IC student to have insurance during your stay in Canada. You may purchase with a private provider or ILAC IC.

☐ Yes

☐ No

☐ Will decide later

Do you have medical issues we should be aware of?

☐ Yes

☐ No

If yes, please explain:

Do you have any allergies?

☐ Yes

☐ No

if yes, please explain:

Do you have food restrictions?

☐ Yes

☐ No

If yes, please explain:

Do you smoke?

☐ Yes

☐ No

• Do you plan to continue your studies at a public University or College in Canada after finishing your program with ILAC International College?

☐ Yes

☐ No

☐ Will decide later

Applicant Signature: _____

Date: _____

YYYY / MM / DD

☐

This document is important. In accepting it, you are confirming you understand and agree to all English content contained in this document.

I have read and understand all of ILAC International College policies & procedures including the Tuition Refund Policy and the Dispute Resolution Policy. 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. If purchasing the insurance directly from ILAC International College, I hereby consent to ILAC International College to releasing my personal information to any third party who applied and/or paid for the services on my behalf. Private information includes, without limitation, full name, date of birth, country of origin, gender, insurance plan type, policy number, policy group, policy ID number, the effective and expiry date of the insurance.

Schedule "A"—Release, Waiver, and Indemnity (the "Release")

To: International Language Academy of Canada Inc. ("ILAC"), its resellers, agents, employees, indemnitors, successors, landlords, accommodation providers and suppliers (collectively, the "Releasees")

1.

Assumption of Risks. I understand that the Releasees are offering me the opportunity to participate in activities (collectively, the "Activities"), such as: classroom instruction (on premises and via online delivery), accommodation with host families or in student residences, indoor and outdoor excursions, educational tours, and social events, and airport transfer (from and/or to airport), which involve risks, dangers, and hazards, **including but not limited to: potential exposure to Covid-19, allergic reaction, food borne illness, accidents during any of the Activities, including while during transport/travel, stress, health and medical conditions, and the negligence of participants, third parties, or the Releasees.** I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage, and loss resulting therefrom.

2.

Waiver and Release. In consideration of the Releasees agreeing to my participation in the Activities, I waive all claims that I have or may in future have against the Releasees and release them from any and all liability for any loss, damage, expense, or injury, including death, that I may suffer as a result of my participation in the Activities due to any cause whatsoever, including any negligence, breach of contract, or breach of a duty of care, including any failure to take reasonable steps to safeguard or protect me from the risks, dangers, and hazards of participation.

3.

Miscellaneous. In executing this Release, I am not relying on any oral or written representations or statements of the Releasees other than as set forth in this document. This Release is effective and binding upon my heirs, successors, assigns, and representatives. Any matters arising from this Release will be governed by the respective provincial laws (British Columbia, or Ontario), and I irrevocably attorn to the jurisdiction of the courts of that Province in such matters.

Applicant Signature: _____

Date: _____

YYYY / MM / DD