

• 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: / / Gender: Male Female Other:

Home Country Address:

City/Province: Postal Code:

Country: First Language:

Email: Overseas Telephone:

Emergency Contact Name: Emergency Contact Phone:

Status in Canada: Domestic International

Are you currently in Canada?* Yes No Canadian Phone:

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

Choose a start date	<input type="radio"/> July 13, 2026 <input type="radio"/> August 7, 2026	Choose a course	<input type="radio"/> AI for Non-Technical Professionals <input type="radio"/> Accelerated Digital Marketing
Choose a start date	<input type="radio"/> August 10, 2026 <input type="radio"/> September 4, 2026	Choose a course	<input type="radio"/> Designing AI Workflows <input type="radio"/> Intro to Project Management
Choose a start date	<input type="radio"/> September 7, 2026 <input type="radio"/> October 2, 2026	Choose a course	<input type="radio"/> AI for Non-Technical Professionals <input type="radio"/> Accelerated Digital Marketing
Choose a start date	<input type="radio"/> October 5, 2026 <input type="radio"/> October 30, 2026	Choose a course	<input type="radio"/> Designing AI Workflows <input type="radio"/> Intro to Project Management
Choose a start date	<input type="radio"/> November 2, 2026 <input type="radio"/> November 27, 2026	Choose a course	<input type="radio"/> AI for Non-Technical Professionals <input type="radio"/> Accelerated Digital Marketing

• 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

Would you like to purchase a Concierge Health Care Membership? Yes No

Length of Membership: _____

Cancellation and late notice handling fees: If a guest needs to cancel their stay BEFORE the check-in date, please advise ILAC in writing as soon as possible. The timing of when ILAC receives the written notice determines if/what penalties may occur. *Accommodation placement fee is non-refundable once placement letter has been issued. New placement might be applied if requested late extension (less than two weeks). For more, read our [homestay](#) & [residence](#) policies.

Accommodation type	Length of Stay
<input type="radio"/> Homestay (2 meals a day)	_____ weeks
<input type="radio"/> Homestay (3 meals a day)	_____ weeks
<input type="radio"/> Roomstay (no meals)	Specify type of residence / shared house
<input type="radio"/> Residence (on request):	
Arrival Date:	YYYY / MM / DD
Airport Pick-up:	<input type="radio"/> Yes <input type="radio"/> No

ILAC Essential Health Care is included for the duration of your course (from arrival date in Canada). Concierge Health Care Membership starts on date of departure. Insurance benefits are provided by guard.me International Insurance and underwritten by Old Republic Insurance Company of Canada.

- 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")

- 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 and/or any respiratory virus, 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.**
- 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.
- 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