

**Student Information** ▶

First Name:				Email:			
Last Name:				Country:			
Gender:	<b>M</b>	<b>F</b>	<b>X:</b>	Address: (Home Country)			
Chosen Name:				City:			
Date of Birth:	DD	MM	YYYY	State / Province:	ZIP / Postal Code:		
Nationality:				Phone:			
Mother Tongue:				Passport #:			

Are you currently in Canada? **Yes** **No**

Address: (In Canada)	City:	Province:	Postal Code:
Phone: (In Canada)	If yes, you must submit your Study Permit OR your Canadian visa (TRV or eTA) with your flight details showing your date of arrival in Canada. This is required for the school to complete your registration.		

**Parent/Guardian Information**

Name:	Email:
Phone:	Mother Tongue:

**Emergency Contact Information**

Name:	Email:
Phone:	Relationship:

**Agency Information** (If Applicable)

Agency:	Contact Name:	Email:
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**Please attach a copy of the following documents** (Accepted file types: jpg, jpeg, png, pdf, doc, docx, Max. file size: 5 MB)

1) **Your passport** 2) **Your academic records** 3) **Your immunization records**

Documents can also be sent as attachments to [info@ilacihs.com](mailto:info@ilacihs.com)



**Education History** ▶

Education Completed: **Grade 9** **Grade 10**

Have you ever attended a Canadian High School? **Yes** **No** *If yes, please enter your PEN or OEN number:*

Were your last two years of high school completed in English? **Yes** **No** *If yes, please provide the last two years of transcripts.*



## Academic Year (Full or Partial)

**For students that intend to graduate from ILAC International High School.** The student will have the option to select their field of study / graduation goals as well, preparing them for a future in their desired area. *For students who don't yet know their desired field, we offer comprehensive guidance.*

## High School Experience

**For students who want to study abroad, for 1 semester or 1 term, 3 terms, or 1 full year.** Designed for study abroad, our program offers you the opportunity to immerse yourself in a unique high school experience while advancing your English and academic skills.

**I DON'T KNOW YET, I REQUIRE GUIDANCE**

**Program & Start Date** ▶

**4 Terms**

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**2 Semesters**

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**1 Academic Year**

2025 - 2026 Term	Term Starts	Term Ends
<b>Term 1 - Fall September</b>	Sept. 8, 2025 (Orientation Sept. 5)	Nov. 10, 2025
<b>Term 2 - Fall November</b>	Nov. 12, 2025 (Orientation Nov. 7)	Jan. 27, 2026
<b>Term 3 - Winter February</b>	Feb. 2, 2026 (Orientation Jan. 30)	Apr. 13, 2026
<b>Term 4 - Spring April</b>	Apr. 20, 2026 (Orientation Apr. 17)	Jun. 19, 2026

### Academic Year

*The student has the option to study 4 terms + break. Or study 3 terms for a partial year.*

*Only select a field of study if you plan to graduate with ILAC International High School.*

**3 terms partial year**

**4 terms and summer break\***

Start Date:

DD

MM

YYYY

### Graduation Goals:

Engineering Specialization

Social Sciences & Humanities Specialization

Science Specialization

Business & Finance Specialization

Math & Computer Science Specialization

Personal Pathway

**I DON'T KNOW YET, I REQUIRE GUIDANCE**

### High School Experience

*For students who want to study abroad, for 1 semester, 3 terms, or one full year.*

**1 term**

**3 terms**

**2 terms**

**4 terms**

Start Date:

DD

MM

YYYY

Would you like pathway counselling for postsecondary studies?

**Yes**

**No**

*If yes, is there a Canadian postsecondary institution you want to join?*

*Program or area of interest for postsecondary studies:*

## Accommodation

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. For more, read our homestay policies. If accommodation is not required, submission of notarized custodian documents is required.

Accommodation style:

**Homestay Single Room** (3 meals per day)

Length of Study:

**Full Academic Year**  
**Semester**

**Term**  
**Course**

Special Requests or Preferences:

ILAC will do its best to accommodate your requests, however, due to availability ILAC cannot guarantee that your request will be granted.



## Code of Conduct for Minors ▶

Please carefully read the [Code of Conduct for Minors](#) before arriving at any ILAC accommodation.

## Airport Transfer ▶

Arrival Date:	DD	MM	YYYY	Flight Info:	Airport Pick-up:	Yes	No
Departure Date:	DD	MM	YYYY	Flight Info:	Airport Drop-off:	Yes	No

## Medical Information ▶

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 any allergies?	Yes	No	List Allergies:
Do you have any medical issues?	Yes	No	List Medical Issues:
Do you have any physical disabilities?	Yes	No	List Physical Disabilities:
Do you have any food restrictions?	Yes	No	List Food Restrictions:
Are you allergic to pets?	Yes	No	Specify which pet(s):
Do you require any special learning supports?	Yes	No	Please specify:

*This document is important. In accepting it, you are confirming you understand and agree to all English content contained in this document. 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 agree to speak only English on School property. I have read and understand all of ILAC International High School policies & procedures including the Tuition Refund Policy and the Dispute Resolution Policy. (available on ilac.com/policies). All students must sign an enrolment contract prior to program start date, including signature of parent or legal guardian for minors. I hereby consent to ILAC International High School 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. I understand I am responsible to bring my own device to class to facilitate learning where necessary.*

### Schedule "A" - Release, Waiver, and Indemnity (the "Release")

To: ILAC International High School ("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.

### For students over 18 applying on their own behalf:

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 agree to the terms and conditions of the school's Code of Behaviour and General Conduct and refund policy without reservation. I hereby grant to ILAC International High School, its legal representatives, and assigns, those for whom the college is acting, and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name and otherwise, and use, reuse, publish photographic portraits or pictures of me or in which I may be included.

### For parents or guardians of a student under 19:

I hereby certify that the above information is true and complete and that I am the parent or legal guardian of the student named in this application. I understand that any false or incomplete information submitted in support of this registration may invalidate my registration. I have read and agree to the terms and conditions of the school's Code of Behaviour and General Conduct and Refund Policy without reservation. I hereby grant to ILAC International High School, its legal representatives, and assigns, those for whom the college is acting, and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name and otherwise, and use, reuse, publish photographic portraits or pictures of my son / daughter / ward or any in which her or she may be included. I give permission for my son / daughter / ward to participate in all supervised school activities and field trips.

Yes

Parent Signature:

Applicant Signature:

Date:

DD MM YYYY