



YOUR ONLINE ENGLISH SCHOOL. KEEPING IT SIMPLE & SMART



REGISTRATION FORM

(A) Student Information

Last Name: _____ E-mail: _____

First Name: _____ Country: _____ City: _____

Gender: M F X Address: _____

Date of Birth: _____ Province: _____ Postal Code: _____

Nationality: _____ Emergency Contact: _____

Primary Language: _____ Emergency Contact Phone: _____

Passport #: _____ Are you currently in Canada? Yes No

Are you planning on attending a University or College in Canada? Yes No

(B) Agent

Agency: _____

Contact Agent: _____ Agent Email: _____

(C) Program Preference

Select a program:

Adult Intensive Program

Young Adult Intensive Program
(ages 14-18)

Select a course:

- General English**
- Business English**
- University Pathway**
- IELTS Preparation**
- TOEFL Preparation**
- Cambridge Preparation**

Select a time slot:

- Slot 1** **Slot 3**
- Slot 2** **Slot 4**

If you are unsure what time your lessons start in your time zone, please visit ilackkiss.com or e-mail online@kiss.com

Number of Weeks: _____ Weeks

Start Date: _____

(D) Device

What device will you access classes on? Desktop Laptop Tablet Smartphone Other (specify below)

Device model: _____