

Demain

COLLEGE OF BEAUTY -Powered by air Hair Salon-

APPLICATION FOR ENROLLMENT

PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: _____
(Last) (First)
ADDRESS: _____
(Street) (City) (Province) (Postal Code)
PHONE NUMBER: _____ EMAIL ADDRESS: _____

IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
(Street) (City) (Province) (Postal Code)
PHONE NUMBER: WORK _____ HOME _____

EDUCATIONAL INFORMATION

_____ to _____
(Name of Institute) (Location of Institute) (Years of Attending)
_____ to _____
(Name of Institute) (Location of Institute) (Years of Attending)

PROGRAM INFORMATION

ENROLLMENT IN: HAIRDRESSING ESTHETICS
START DATE: FEBURUARY APRIL JUNE SEPTEMBER NOVEMBER

I certify that the above information is correct to the best of my knowledge and that I have graduated from secondary school (high school) or that I am 18 years of age or older.

Note: An application/registration fee of CND\$100 must accompany this submission.

Signature _____
Date _____

For Office Use Only

Application & Fee Received

Date _____ Amount \$ _____

Classification : New Re-enrollment Others _____

Comments