

## APPLICATION FOR ENROLLMENT

(Please Print)

### PERSONAL INFORMATION

Name .....

Address .....

City ..... Province ..... Postal Code .....

Home Phone # .....

Social Insurance # ..... Drivers License # .....

Date of Birth ...../...../..... Age .....

Canadian Citizen YES  NO

### EMPLOYMENT INFORMATION

Occupation .....

Place of Employment ..... Phone # .....

### EMERGENCY CONTACT

Name of Parent, Guardian or Spouse .....

Address of Parent, Guardian or Spouse .....

City ..... Province ..... Postal Code .....

Place of Employment .....

Telephone# Home.....Business.....

### EDUCATIONAL BACKGROUND

Do you have a high school diploma? ..... If no, what grade have you completed? .....

How long have you considered taking a hairstyling course? .....

Why do you feel you would like to work in this profession? .....

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Will it be a problem for you to be here Monday to Friday, 8 am to 4:30 pm? .....

**EDUCATIONAL BACKGROUND cont.**

Do you have any personal or health issues that may interfere with your attendance? .....

If yes, what are they? .....

What are your expectations of the school? .....

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How did you learn about our school? .....

I, the undersigned, hereby apply to Delmar College of Hair Design for the course in Hair Styling. I understand that this application is made under the rules and regulations of the Private Vocational Act, administered by The Department of Advanced Education of Alberta.

Signature of Applicant ..... Date .....

Signature of Parent/Guardian ..... Date .....