

APPLICATION FOR ENROLLMENT

PERSONAL INFORMATION PLEASE PRINT

Name: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: (____) _____ Cell: (____) _____ Can we text you? Yes No

Email: _____ Driver's License Number: _____

Social Insurance Number: _____ Alberta Student Number: _____

Date Of Birth: _____ Age: _____ Canadian Citizen: Yes No
DAY MONTH YEAR

EMPLOYMENT INFORMATION PLEASE PRINT

Occupation: _____

Place Of Employment: _____ Phone Number: (____) _____

EMERGENCY CONTACT PLEASE PRINT

Name Of Parent, Guardian Or Spouse: _____

Address Of Parent, Guardian Or Spouse: _____

City: _____ Province: _____ Postal Code: _____

Place Of Employment: _____ Phone Number: (____) _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

EDUCATIONAL BACKGROUND PLEASE PRINT

Do you have a High School Diploma? Yes No If no what grade have you completed? _____

How long have you considered professional training to advance your career? _____

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

Will it be a problem for you to be here Monday to Friday 8:00 am – 4:30 pm? Yes No

Do you have any personal or health issues that may interfere with your attendance? Yes No

If yes what are they? _____

What are your expectations of the school? _____

How did you learn about our school? _____

APPLICATION FOR ENROLLMENT

I, the undersigned, hereby apply to Delmar College of Hair and Esthetics for the _____ Program.

I understand that this application is made under the rules and regulations of the Alberta Private Vocational Training Act.

I am enclosing my cheque in the amount of \$ _____ to reserve a place in the _____ Class,
starting _____ and ending _____.

I fully understand that this amount is non-refundable.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____