



APPLICATION FOR ENROLLMENT

I AM APPLYING FOR THE FOLLOWING PROGRAM (PLEASE CIRCLE ONE):

HAIR / ESTHETICS / CLINICAL ESTHETICS / NAIL TECHNICIAN / MAKEUP

INFORMATION (PLEASE PRINT)

Name: _____
Address: _____ City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell: _____ Can we text you? YES / NO
Email: _____ Date of Birth (DD/MM/YY): _____

EMPLOYMENT INFORMATION (PLEASE PRINT)

Occupation: _____
Place of Employment: _____ Phone: _____

EMERGENCY CONTACT (PLEASE PRINT)

Name of Parent/Guardian/Spouse/Other: _____
Address: _____ City: _____ Province: _____ Postal Code: _____
Place of Employment: _____ Phone: _____
Home Phone: _____ Cell: _____

EDUCATIONAL BACKGROUND (PLEASE PRINT)

What is your highest level of education? _____
Name of educational institution: _____

Do you have any health issues that could hinder your ability to attend class? YES / NO
If yes, what are they? _____

How did you hear about our school? _____

I, the undersigned, hereby apply to Delmar College. I understand that this application is made under the rules and regulations of the Alberta Private Vocational Training Act.

Signature of Applicant: _____ Date: _____