

APPLICATION FOR ADMISSION

VISAGE International School of Hair

4954 Kingsway
Burnaby, BC V5H 2E2
Ph: (604)437-4448 Fx: (604)437-4448

PERSONAL DATA

Students are responsible for informing the school of any change in name, address or other status

LEGAL NAME (Please print clearly) **FIRST NAME** **MIDDLE NAME**

MAILING ADDRESS:		TELEPHONE NUMBER (Home):
	POSTAL CODE:	TELEPHONE NUMBER (Alternative):
ARE YOU A CANADIAN CITIZEN: YES: NO:	CITIZENSHIP IF NOT CANADIAN	DATE OF BIRTH YR: MO: DAY:
	GENDER M F	

PROGRAM INFORMATION

PLEASE INDICATE WHEN YOU WOULD LIKE TO BEGIN YOUR CLASSES: Month: _____ Year: _____	
PLEASE SPECIFY PROGRAM FOR WHICH YOU ARE APPLYING FOR:	Barbering: __ Hairdressing: __
DURATION OF THE COURSE:	Barber Hairstyling (1200hrs) Ladies Cosmetology (1500hrs)
COST OF THE COURSE: \$6,450.00 plus gst/pst (note there is a \$100.00 non-refundable application fee)	
ADDITIONAL COURSE COSTS: \$1,195.00 plus gst/pst (this fee covers equipment, supplies and uniforms)	
SUCCESSFUL COMPLETION OF COURSE: is obtained if student receives 80% as the overall mark	
SCHEDULE OF PAYMENTS: are to be made on a monthly basis unless otherwise stated	

RECORD OF RECENT ACTIVITY (only one)

PLEASE INDICATE YOUR MAIN ACTIVITY DURING THE PAST YEAR: (only one)
Attending Secondary School: __ Attending College: __ Attending University: __ Other Educational Institution: __ Labour Force: __ Other: __

EDUCATIONAL BACKGROUND

Official transcripts must be submitted to complete your application (faxes or photocopies NOT acceptable)

NAME OF LAST SECONDARY SCHOOL ATTENDED	PRESENTLY ATTENDING YES: NO:	DATES LAST ATTENDED	DID YOU GRADUATE:
NAME OF POST SECONDARY SCHOOL ATTENDED	LOCATION	DATES OF ATTENDANCE FROM: TO:	COURSE

PLEASE READ THE FOLLOWING BEFORE SIGNING

- The information of this form is collected under the authority of the School and Institution Act. I understand that this information, along with subsequent information placed in my student records, will be used for purposes of admission, registration, research and other purposes consistent with the mandate of the institution. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. Any questions concerning the collection and use of this information should be directed to the school at the above address.
- I understand the submission of this application in no way guarantees admission to the program or course and that admission is subject to meeting Visage International School of Hair program or course prerequisites and space availability.
- I agree to abide by the rules and regulations of Visage International School of Hair and those of the department and program in which I shall be registered, and any change which may be made while I am a student at the school of hairdressing.
- I certify that all statements on the application are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status.
- Refund Policy: student is to acknowledge that he or she has read and is aware of the school's refund policy as outlined in the admission forms.

DATE: _____ SIGNATURE OF APPLICANT: _____

DATE: _____ SIGNATURE OF THE SCHOOL REPRESENTATIVE: _____