

Application Form

FOR OFFICE USE ONLY

Application Date _____

Please complete the following information:

Full Name: _____

Address: _____ Apt _____ City: _____

Province: _____ Postal/Zip Code _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Country/City of Birth _____

Language(s) spoken: _____

Highest Level of Education Completed _____ Year of Completion: _____

Institution Attended _____

Status in Canada:

___ Canadian Citizen ___ Student Visa ___ Landed Immigrant ___ Other

How will your tuition be financed?

___ OSAP-Student Loan ___ Looks Aesthetic Academy 0% Interest Payment Plan ___ Private/Bank Loan

Next Of Kin:

Full Name: _____

Address: _____ Apt: _____ City: _____

Province: _____ Postal/Zip Code: _____

Email Address: _____ Telephone Number: _____

Please Include the following with this Application:

___ Official Grade 12 High School transcript or equivalent

___ Official transcript of Post Secondary Studies (If applicable)

___ English Proficiency Proof (TOEFL- mark 550 or equivalent if English is not the 1st language or successful completion of the CELY test)

___ Official Transcript of Post Secondary Studies (If applicable)

___ Application Fee (non-Refundable) \$100

Initial Here _____

Student # _____
Date/Time Application Received _____

Tuition _____

Application Form

Please Complete the following Information:

Do You have any medical conditions that any effect your studies?

Yes No

If yes, please briefly describe: _____

Do You have any learning difficulties that may affect your studies?

Yes No

If yes, please briefly describe: _____

Have you ever been convicted of any Criminal offence or are there any criminal offenses pending?

Yes No

If yes, please briefly describe: _____

The spa and wellness field requires staff to work a variety of shifts. In order to stimulate workplace experiences, some of your student clinic or community outreach sessions may ne scheduled during evenings and weekends. Do you foresee any problems attending evening and weekend sessions?

Yes No

If yes, please briefly describe: _____

How did you hear about Looks Aesthetic Academy?

Newspaper Magazine Website Google/Yahoo

Yellow pages Student Referral Television Radio

Other (Please Specify) _____

I Certify that the above information is true and correct. I understand that any false or incomplete information submitted in support of my application may invalidate my application. Personal information collected on this application form shall not be used or disclosed for Purposes other than those for which it was collected, except with the consent of the individual or as required by law,

Full Name _____ Date _____