

APPLICATION FORM

DATE:	COURSE(S) APPLIED FOR:	
PREFERRED STARTING DATE:		
NAME:	DATE OF BIRTH: (mm/dd/yy)	
ADDRESS:	APT:	
CITY: PRC	OV: POSTAL CODE:	
TELEPHONE(Day):	(Evening):	
E-MAIL ADDRESS:		
() Canadian Citizen () Landed Imr () Day Classes () Evening Cla	_	
How did you hear of Avola College of Hairstyling and Esthetics?		
Register by setting up an Appointment v	vith a School Official	
Payments can be made by: Cash, Cheq	ue, Interac or Credit Card (VISA, MAS	TERCARD, AMERICAN EXPRESS)
My balance of \$will be paid Option #2: () Enclosed is the full payn	of \$200.00 to confirm my registration in don the first day of classes then the form the following Course(s): of \$200.00 to confirm my registration in the in equal monthly payments. Please of appointment with a School Official to confirm my registration in the	n the course(s). n the course(s). call the office and discuss your payment discuss financial assistance course(s).
Financial Assistance may be a	available to those who qualif	y.
Proud to be a founding memb	•	