

beauty academy

## **Registration Application**

First Name:		Last Name:	
Address:		Suite:	:
City:	Prov./State:	Postal/Zip Co	ode:
Home Phone:		_ Cell Phone:	
Email:		Gender:	
Emergency Contact: Name:		Phone:	
Please attach photocopies of the following documentation:			
☐ Proof of Education (stude	ent transcript)	☐ Canadian Citizenship (d	river's license or passport)
☐ Social Insurance Card		☐ Student Visa (if applicab	ole)
Cutting tools:		Preferred Payment Option:	
<ul><li>☐ Right Handed</li><li>☐ Left Handed</li></ul>		☐ In Full ☐ Quarterly ☐ Monthly (go to <a href="https://www.fiorio.com">www.fiorio.com</a> for payment option details)	
Please indicate the course code and semester that you are applying for:			
Course Code:	Semester (	March or September):	20
Go Transit Student Discount	t Available:	☐ Yes, I am interested	□ No, I am not interested
How did you hear about the Fiorio Beauty Academy?			

## **REGISTRATION FEE**

A one-time registration fee of \$100.00 must accompany this application. Please pay by cheque or money order, payable to The Fiorio Beauty Academy.

Do not send cash.

## PLEASE NOTE

A <u>one page</u> essay must accompany this application explaining why you have decided to attend beauty school. Otherwise, your application may not be reviewed. We will contact you for an interview once your application has been reviewed. Please send this form together with all necessary documents and your registration fee to the address below. If you have any questions or require clarification, please do not hesitate to contact us at the number below.