

A : Unit 303, 320 – 23 Ave., SW.,

Calgary. Alberta. Canada. T2S0J2

P : (403) 4758202 F : (403)9842782

W : [www.aespschool.com](http://www.aespschool.com)

E : program@aespschool.com

**Admissions application**

Complete the attached application in full and enclose your application fee with the following documentation:

Must be all  to submit this application.

 High School Diploma or Equivalent.

Note: applicants who do not have a high school diploma or equivalent will be required to complete the Canadian Achievement Survey Test (CAST).

 Copy of your valid passport.

 Personal Statement. ( see form below )

 CAD $500 registration fee.

You must submit in all of the above noted documentation in order to receive your Conditional Acceptance in a timely manner. Applications are processed as they are received and prospective students are assessed and monitored for suitability throughout the Admissions process.

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| PERSONAL INFORMATION : |
| Last Name | First Name | Giving Name |
| Cell Phone Number | Home Phone Number | Canada Phone Number ( if apply ) |
| Gender Female / Male | Date of Birth ( dd/mm/yyyy ) | Age |
| Father Name & Phone Number | Mother Name & Phone Number | Guardians Name & Phone Number |
| Permanent Address | Apt # / Room # / House # |
| City / Town | Province / State | Country |

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| EDUCATION PLANS : |
| School Name Aesthetics Pro | School Location : Unit 303, 320 – 23 Ave., SW.,Calgary. Alberta. Canada. T2S0J2 |
| Program Name Advanced Aesthetics Program ( 18months ) | Desired Start Date : |

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| PERSONAL STATEMENT : TELL US ABOUT YOUR PASSION FOR BEAUTY |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| PREFERRED PAYMENT METHOD : |
|  Email Transfer : aesptufee@gmail.com Bank Draft Bank/Wire Transfer |

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| APPLICANT ACKNOWLEDGEMENT : |

Your personal information is collected for the purpose of processing your Application for Admission; and, if your application is accepted, to establish and administer necessary records to manage and document your educational experience. If you have any questions on this collection please direct those enquiries to the Admissions Coordinator at the address and phone number on this form.

Applicant’s Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

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| STUDENT CERTIFICATION : |

I certify that the information I have provided for admission to the Aesthetics Pro is complete and accurate to the best of my knowledge. I understand that any misrepresentation of information is sufficient grounds for refusal of admission to the Aesthetics Pro.

Further, in submitting this application, I agree to be governed by the policies, rules and regulations as set forth by Aesthetics Pro.

Applicant’s Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

Applicant’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_