

BRUNO'S SCHOOLS of HAIR DESIGN
937 Fennell Ave East Hamilton, ON L8V 1W9

APPLICATION FORM

SURNAME FIRST NAME MR/MRS/MISS

ADDRESS APT #

CITY POSTAL CODE

HOME TELEPHONE CELL/BUSINESS TELEPHONE

SOCIAL INSURANCE NUMBER BIRTH DATE (DAY/MO/YEAR)

E-MAIL ADDRESS

NAME OF HIGH SCHOOL GRADE COMPLETED

I WISH TO ATTEND YOUR _____ COURSE

DAY CLASS _____ EVENING CLASS _____ (CHECK ONE)

COMMENCING: (MONTH) _____

TERMS OF PAYMENT: (OPTION NO.) _____

DEPOSIT ENCLOSED TO CONFIRM START DATE \$ _____

STUDENTS SIGNATURE DATE REC'D BY.