

# AVOLA COLLEGE

OF HAIRSTYLING & ESTHETICS

Since 1924

## APPLICATION FORM

DATE: \_\_\_\_\_ COURSE(S) APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: (mm/dd/yy) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE(Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

E-MAIL ADDRESS: (if available) \_\_\_\_\_

Canadian Citizen  Landed Immigrant

Preferred Starting Date: \_\_\_\_\_

Day Classes  Evening Classes

Social Insurance Number: \_\_\_\_\_

How did you hear of Avola College of Hairstyling and Esthetics?

\_\_\_\_\_

Register by: Setting up an Appointment with a School Official **OR** By: Telephone, Fax or Mail

Payments can be made by: Cash, Cheque, Interac or Credit Card (VISA, MASTERCARD, AMERICAN EXPRESS)

Please choose an option and mail or fax to Avola College of Hairstyling and Esthetics

Option #1:  Enclosed is my deposit of \$100.00 to confirm my registration in the \_\_\_\_\_ course(s).

My balance of \$\_\_\_\_\_ will be paid on the first day of classes.

Option #2:  Enclosed is the full payment for the following Course(s): \_\_\_\_\_

Option #3:  Enclosed is my deposit of \$100.00 to confirm my registration in the \_\_\_\_\_ course(s).

I would like to pay my remaining balance in equal monthly payments. Please call the office and discuss your payment plan with a School Official.

Option #4:  I would like to set up an appointment with a School Official to discuss financial assistance.

Enclosed is my deposit of \$100.00 to confirm my registration in the \_\_\_\_\_ course(s).

For students enrolled in the Hairstyling, Esthetics and/or Electrolysis Program(s), financial assistance may be available to those who qualify.

Proud to be a founding member of the Ontario Association of Estheticians (OAE)

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282 DUNDAS ST., EAST, TORONTO ON CANADA M5A 1Z9

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[www.avolacollege.com](http://www.avolacollege.com)