

APPLICATION FOR REGISTRATION

Please scan and email to ADMISSIONS@ECACADEMY.COM

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Name:
Maiden Name:	Date of Birth (day/month/year):	Primary Language:
Social Insurance Number:		Alberta Student Number:
Address:	City/Province:	Postal Code:
Email:	If you require special accommodations during your educational training, please contact: Admissions@ECAcademy.com (ex. special health accommodations, physical disability)	
Phone Number (mobile):		Cellular Number (home):
Emergency Contact Name:	Phone Number:	Relationship:

EDUCATION		
Name of High School:	City/Province:	Diploma Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No Year completed:
If you have answered No, please state the alternative education or credentials you have completed:		
How did you hear about the academy?		

PROGRAM INFORMATION (Please check the program/course of your choice)
<p>Full-Time Program</p> <p><input type="checkbox"/> Hairstyling & Barbering</p> <p><input type="checkbox"/> Professional Advanced Esthetics</p>

APPLICATION FOR REGISTRATION

Please scan and email to ADMISSIONS@ECACADEMY.COM

Full-Time Program Fees:			
Cosmetology (Hairstyling & Barbering)		Professional Advanced Esthetics	
Registration Fee:	\$300	Registration Fee:	\$300
Tuition:	\$23,400	Tuition:	\$21,300
Books and Kit:	\$2,800	Books and Kit:	\$2,900
<hr/>		<hr/>	
TOTAL:	\$26,500	TOTAL:	\$24,500
	PLUS TAX		PLUS TAX

Verification of Documents: Required to submit the below information package to: admissions@ecacademy.com

Copy of valid passport
 Copy of high school/post-secondary transcript
 Proof of English proficiency

**Proof of English proficiency*

Organization	Requirements
IELTS (International English Language Testing System)	Minimum 4.5
TOEFL (Test of English as a Foreign Language)	Minimum 80 (internet) Minimum 550 (paper based)
CAEL (Canadian Academic English Language Assessment)	CAEL (Canadian Academic English Language Assessment)
CELT (Comprehensive English Language Test)	Minimum 60

Declaration

I acknowledge that the information contained in this form is being collected and will be used for the purpose of assessing my application for registration.

I acknowledge and agree that EvelineCharles Academy may, at its option, immediately terminate or suspend my registration if any of the information contained in this application is inaccurate.

I acknowledge that the Application for Registration fee, Books, Kit and lab seat fee is **non-Refundable and non-Transferrable**.

I declare I am of good character and am fit to take on educational training.

I agree to the release photos taken during the course of my program and I give EvelineCharles Academy permission to use the said photos on social media accounts and publications.

 Student Signature

_____ / _____ / _____
 Date