

# Application for Student Permit Card

**Please print clearly.** Complete all sections of the form and mark all boxes which apply to you. Please remember to sign the Student Permit Card application before submitting.

## All Applicants

- Applications will not be processed unless fully completed and accompanied by payment in full. Registration fee is \$25.00 per permit. A cheque or money order made payable to BeautyCouncil must be attached or complete the credit card section below. A fee of \$20 will be charged for dishonoured or NSF cheques. DO NOT MAIL CASH. FEES ARE NON-REFUNDABLE.
- Fee includes both Permit Card and 1 year free membership with the BeautyCouncil.

### APPLICANT INFORMATION - PRINT CLEARLY

Last Name:			
First Name and Middle Name:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:			
City:		Province:	Postal Code:
Home Phone:		Cell Phone:	Fax:
SIN #:	Date of Birth: <i>mm/dd/yyyy</i>	Personal Email:	
Program: <input type="checkbox"/> Hairdressing <input type="checkbox"/> Esthetics <input type="checkbox"/> Nail Technology <input type="checkbox"/> Barbering Other: _____			

### STATEMENT OF APPLICATION

I hereby apply for a BeautyCouncil student permit and verify that all information contained in this application is true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

### TO BE COMPLETED BY SCHOOL PROPRIETOR - PRINT CLEARLY

The applicant for a student permit card, whose name appears herein, has enrolled in the indicated program above.

Program Start Date: \_\_\_\_\_ (mm/dd/yyyy)      Program End Date: \_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of Proprietor

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Signature of Proprietor

\_\_\_\_\_  
Location of School (street & city)

### PAYMENT

<input type="checkbox"/> Cheque	_____	_____	_____	_____
	Credit Card Number	Expiry Date (mm/yy)	Security Code	
<input type="checkbox"/> Money Order	_____			
	Name of Cardholder			
<input type="checkbox"/> VISA	_____			
<input type="checkbox"/> MasterCard	Signature of Cardholder	Date (mm/dd/yyyy)		

### FOR OFFICE USE ONLY

\$25	Other \$	CASH	M. ORDER	CHEQ	DEBIT	VISA	M/C
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