

# Ally Beauty Academy

Aesthetics/ Medical Aesthetics/ Hairstyling  
Nail Technology/ Make Up Artistry  
Eyelash & Eyebrow Extension Programs

51 Highfield St,  
Moncton NB E1C 5N2  
Phone (506)857-8111  
Fax (506)860-3423

## Application form

Please select the appropriate program:

Medical Aesthetics 44 weeks: \_\_\_\_\_ Aesthetics 40 week: \_\_\_\_\_  
Hairstyling 48 weeks: \_\_\_\_\_ Nail Technology 14 weeks: \_\_\_\_\_  
Makeup Artistry 14 weeks: \_\_\_\_\_ Medical Aesthetics 14 weeks: \_\_\_\_\_  
Eyelash/ Eyebrow Extension 2 Days: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Present Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.I.N: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male \_\_\_/Female \_\_\_\_\_

Education: (Minimum requirement: Grade 12, Level 3, or Grade 10 with G.E.D.)

Highest Grade Completed: \_\_\_\_\_

Any previous training or experience in Beauty Culture, Esthetics, Aromatherapy etc., \_\_\_\_\_

Are there any allergies or problems the school should be aware of? If Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Next of Kin: Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date available to begin studies: \_\_\_\_\_

How did you hear about Ally Beauty Academy? Career day \_\_\_ Television \_\_\_ Radio \_\_\_ News Paper \_\_\_

Word of Mouth \_\_\_ Job Fair \_\_\_ Social Media \_\_\_ Other \_\_\_\_\_

### FOR OFFICE USE ONLY:

Date Application Received: \_\_\_\_\_

Date Deposit Received: \_\_\_\_\_

### COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

