

# Versailles Academy of Make-Up Arts, Esthetics, Hair

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## Student Personal Profile

The following information will form part of the accepted student's personal file and is deemed strictly confidential.

Date:  Course interested in:

### PERSONAL INFORMATION

First Name:  Last Name:

Address:

City:  Province:  Postal Code:

Home Phone:  Work Phone:  Other:

Email Address(es):

### Emergency Contact:

Name:  Phone:

Address:

City:  Province:  Postal Code:

### EDUCATION

High School Name:  Level Completed:  Year:

Post-Secondary School Name:  Year:

The following information is necessary for security purposes to verify your identity in the future if you request a transcript or diploma receipt.

Date of Birth (DD-MM-YYYY):  Mother's Maiden Name:

City or Town and Country of birth:

How did you hear about Versailles Academy? (Internet, advertising, guidance counselor, friend, past student, etc.)

Current Employment:

**Print**

Upon acceptance, student must supply Photo ID, Proof of Education and Date of Birth, and Reference Letter.

**Email**