

## Nu-Wave School Of Hair Design

(a division of 1698327 Inc.)

1526 East Victoria Avenue

Thunder Bay, Ontario P7C 1C5

Phone: (807) 623-6666 Fax: (807) 626-9810

### ENROLLMENT APPLICATION

Name: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Last Grade in School Attended: \_\_\_\_\_ (Please attach transcripts)

I hereby certify that I am free from any communicable disease.  
Attached is also a Medical Report as to my present state of health signed  
by my physician.

If the student is accepted, the individual agrees to sign an Enrollment  
Contract that is subject to the Private Career Colleges Act 2005 and the  
regulations made under the Act.

I wish to commence my course on the first day \_\_\_\_\_,  
20\_\_\_\_.

I understand that the fees are:

- **Tuition:** \$8,650 (\$4,325 payable in advance, remainder after 5 months)
- **Books:** \$900, payable upon start of course
- **Kit:** \$1000, payable upon start of course

The completed course takes a total of 1,500 hours (50 weeks).

The fees for the course will be paid by \_\_\_\_\_  
(Name of person and relationship to Student, if applicable)

Signature \_\_\_\_\_

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**Medical Report For Enrollment**

To be completed by a physician and returned with the Application for Enrollment.

I have hereby examined \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and

find him/her in good mental health, free of any communicable or contagious diseases and tuberculosis.

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_