



INTERNATIONAL STUDENT APPLICATION FORM

Personal Information			
Last (Family) Name		First Name	
Date of Birth		Country of Residence	
Nationality		Passport Number (if applicable)	
Gender		Full name in mother language	

Permanent Address in Home Country			
Street Number		Street Name	
City		Province/State	
Postal Code		Phone number	
Email Address			

Mailing Address (if different)			
Street Number		Street Name	
City		Province/State	
Postal Code		Phone number	
Email Address			

Emergency Contact Information			
Last Name		First Name	
Relationship to you		Language Spoken	
Street Number		Street Name	
City		Province/State	
Postal Code		Phone number	
Email Address			

How did you hear about Toronto Aesthetics and Hair Academy			
Agent <input type="checkbox"/>	Website <input type="checkbox"/>	Internet <input type="checkbox"/>	Referral <input type="checkbox"/>
If Agent please provide the following information			
Agent Last Name		Agents First Name	
Agents Phone Number		Email Address	

Program selection		
Program Priority	Program Name	Preferred Start Date (dd/mm/yy)
1 st Choice		
2 nd Choice		
3 rd Choice		

Toronto Aesthetics and Hair Academy
 2210 Markham Road Unit 2
 Scarborough, ON M1B5V9
 416-609-3500



Please note that in order for us to provide you with an acceptance letter, you must submit this application along with the necessary paperwork and the application fee of \$500.00 (non refundable). Once everything has been received you will obtain your acceptance letter by email. Please make sure all items in the list has been submitted or your application may be delayed. **Please email this application along with the relevant documentation to info@tahacademy.ca**

Application Item List	
Application	
Passport (copy)	
Educational Documents (copy)	
Application Fee \$500.00 (non refundable)	

Payment Information			
<i>Payments can be made by the following options only: Credit Card, Bank transfer, Email Transfer, Bank Draft, Certified Cheque</i>			
Credit Card Information	Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/>		
Card Number			
Exp Date	CVC Code		
Name of Card Holder			
Bank Transfer Information			
2126033 Ontario LTD.			
TD CANADA TRUST – 1790 Liverpool Road, Pickering ON. L1V1V9 (Tel) 1-905-831-6114			
Branch No.: 272 Transit No.: 02722 Swift Code:TDOMCATTOR			
Email Transfer Information			
intlstudents@tahacademy.ca			

I declare that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in not obtaining an acceptance letter. I also understand that any future applications may be automatically denied.

Applicants Name: _____
(Please print clearly)

X

Applicants Signature

X

Date

Form must be printed after filling in and original signature must be on the form. Digital signatures will not be accepted

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