



ADMISSION FORM

PERSONAL INFORMATION

SURNAME

FIRST NAME

MIDDLE NAME

GENDER

DATE OF BIRTH
(DD/MM/YY)

PLACE OF BIRTH

COUNTRY

CITY

ADDRESS(HUS NO./STREET/AREA)

ACTIVE CONTACT

EMAIL

PARENT/GUARDIAN'S INFORMATION

FATHER'S NAME(SFM)

OCCUPATION

ACTIVE CONTACT

ADDRESS(HUS NO./STREET/AREA)

MOTHER'S NAME(SFM)

OCCUPATION

ACTIVE CONTACT

ADDRESS(HUS NO./STREET/AREA)

GUARDIAN'S NAME(SFM)

OCCUPATION

ACTIVE CONTACT

ADDRESS(HUS NO./STREET/AREA)

EDUCATION BACKGROUND AND OTHER INFORMATION

SENIOR HIGH SCHOOL

NAME OF SCHOOL

COUNTRY/CITY

YEAR

TERTIARY

NAME OF SCHOOL

COUNTRY/CITY

YEAR

COURSE OF STUDY

DIPLOMA/DEGREE EARNED YEAR

EMERGENCY CONTACT

NAME

CONTACT

COUNTRY

CITY

DO YOU HAVE ANY HEALTH CONDITION? IF YES? SPECIFY

YES
 NO

PROGRAMME

PLEASE TICK



REGULAR

EVENING

WEEKEND

PROFESSIONAL INTERMEDIATE FASHION DURATION: 1 YEAR			
PROFESSIONAL ADVANCE FASHION (Bridal & Suites) DURATION: 6 MONTHS			
SPECIAL FASHION PROGRAMME DURATION: 1 MONTH			
COSMETOLOGY DURATION: 1 YEAR/ 6 MONTHS			

THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION ARE TRUE AND TO THE BEST OF MY KNOWLEDGE

I,hereby accept and agree to abide by all conditions with respect to my stay in this institution. I should be held responsible for actions and behaviours not inline with the set standards of the school.

..... sign

DATE: (DD/MM/YY)