

# STUDENT ENROLLMENT AGREEMENT



**LE PAPILLON**  
ACADÉMIE ET SALON DE BARBIER

The completion of this form does not indicate that there is any obligation on this Company to offer employment to the applicant. The personal information you provide in this document will be held by this company for a limited period of time only and will be used for the purpose of assessing your suitability for employment. It will be accessible to senior and management staff only. You have a right of access to this information to ensure its accuracy. This is a Confidential Document subject to the Privacy Act 1993.

4915 Sources Blvd, Pierrefonds, QC H8Y 3C8  
(514) 316-6777 • info@academielepapillon.ca  
academielepapillon.ca

## SECTION ONE – PERSONAL INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date Contract Begins Contract Ends

### Maden Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name Nickname Last Name

<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
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Gender Date of birth Are you canadian citizen? Social Insurance Number

### Where do you live?

<input type="text"/>
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Street number and Address

<input type="text"/>	<input type="text"/>
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Street Address 1 City

<input type="text"/>	<input type="text"/>	<input type="text"/>
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State / Province Postal Code Home and Cell. Phone number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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facebook Instagram Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full Times Modified Time (Indicate Weekly Hours) Weeks in course

Full Times students are scheduled to attend 3 days weekly. Part time or modified schedules are considered on an individual basis.

## ADMISSION REQUIREMENTS

Please include the following documents when you return your application to us:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Passport size photo                             | <input type="checkbox"/> Copy of Social Insurance Card             | <input type="checkbox"/> If you have any hours from a barber or barber school please include a transcript to apply for credit towards your Apprenticeship. |
| <input type="checkbox"/> Copy of Driver's License or Identification card | <input type="checkbox"/> Copy of High School Diploma or equivalent |  |

## SECTION THREE – PREVIOUS EMPLOYER / MASTER BARBER INFORMATION

<input type="text"/>	<input type="text"/>
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Shop Owner Name Shop Address / Number and Street / City

<input type="text"/>	<input type="text"/>
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Master Barber Name Master Barber Phone number

The recruitment, selection, employment, and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, or sex.

FORM 00002

# STUDENT ENROLLMENT AGREEMENT (cont.)



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## SECTION FOUR – BACKGROUND DATA

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever been issued a Barber license or Apprenticeship Barber Registration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you completed an approved infection control course?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever convicted in this country or elsewhere of any criminal offense that is a misdemeanor or felony?<br>If "YES," you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and /or other disposition. If you possess or have received a Certificate for Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?<br>If "YES," you must submit a copy of the accusatory instrument (e.g. indictment, criminal information or complaint) from the court.   | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION FIVE – APPLICANT AFFIRMATION

Applicant Affirmation – I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 28 of the General Business Law and the rules and regulations promulgated thereunder.

Signature

Date

Please remember to include with this form any required additional documents and your **\$50 application fee non-refundable** (payable to Academie le Papillon). If you wish to pay by credit, please **visit our website at academielepapillon.ca or call at (514) 316-6777**. It is important that you notify this division of any changes to your residence and email address so you can continue to receive renewal notices and any other notifications pertinent to your license.