

Elveela Designs & Fashion School Official Application Form

Plot 5, Asiwaju Ahmed Bola Tinubu Road by Bogije shopping complex, opposite TGS Plaza, Bogije, Ibeju-Lekki, Lagos
 State Tel: 08155272290, 09033009682, Email: info@elveelafashions.com.ng

We require the following documents to process your application:

Application Form	Registration Fee N1000	*One time, Non refundable registration fee.
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Official Transcripts	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Debit	<input type="checkbox"/> Money Order
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Personal Information- (Please Print)

Last Name	First Name	Middle Name	Sex	Social Insurance Number
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Student Address (Apartment #, Street name, Box Number)	City/Town	Province/State	Postal/Zip Code	Country
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Birthdate (MM/DD/YY)	Home Phone ()	Cell Phone ()	E- mail Address
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Citizenship

Canadian Citizen Permanent Resident –Date Entered Canada _____

International Student *For International students please include a copy of passport picture and passport number.

Next of Kin

Full Name	Relationship
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Address (Apartment #, Street name, Box Number)	City/Town	Province/State	Postal/Zip Code	Country
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Home Phone ()	Cell Phone ()	E- mail Address
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Disability – Can affect accommodations. Please Submit Supporting documents.

If you have an ongoing disability, and may need further assistance to participate in our program.

Physical Disability _____

Learning Disability _____

I have an ongoing health condition that may affect my participation, such as attendance: _____

Education (Check and provide information on all that apply)

High School

Name of School	City/Town	Province/State
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Academic Level	Diploma Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO	From/ To (MM/YY) /
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Graduate

Name of School	City/Town	Province/State
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Name of Program/Academic Level	Completed : <input type="checkbox"/> YES <input type="checkbox"/> NO	From/ To (MM/YY) /
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Worker

Name of Company	City/Town	Province/State
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Name of Program/Academic Level	Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO	From/ To (MM/YY) /
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Funding

Student Loans Do you have previous Student Loans? Yes No IF YES, are they in good standing? Yes No

Personal Bank: Student Line of Credit Band Funding Other _____

Program and Registration Fee to accompany this form

Program Start Date (Month/Year) :

<input type="checkbox"/> Certificate of Fashion Design N10	<input type="checkbox"/> First Nations Cultural	<input type="checkbox"/> Specialized option \$ _____
<input type="checkbox"/> Diploma of Fashion Design N5	Design Certificate N15	Met with advisor to finalize program content: <input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

I certify that the information given above is correct and complete. I understand that falsifying documents or information on this application will result in permanent dismissal from the Elveela Fashions School Program and may result in criminal prosecution. I agree that all documents required for admission to the Elveela Fashion School become the property of Academy of Fashion Design and that they will not be returned to me. If admitted, I agree to comply with all the rules And regulations of Elveela Designs & Fashion School.

Signature

Date

FOR OFFICE USE ONLY

Date Received:	Payment Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Transcripts Received <input type="checkbox"/> Yes <input type="checkbox"/> No
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Met with:	If NO, Date transcript request sent:
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