

GROOMING SCHOOL OF INDIANA

2435 S. State Road 135 * Greenwood, IN 46143 * 317-919-5471

APPLICATION FOR ADMISSION

LAST NAME FIRST NAME

MIDDLE NAME

HOME ADDRESS

CITY STATE ZIP CODE

HOME PHONE CELL PHONE

WORK PHONE FAX NUMBER

DATE BIRTH SOCIAL SECURITY NUMBER

EMERGENCY PHONE NUMBER NAME & RELATIONSHIP

EMAIL ADDRESS

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED GED? YES / NO

IF YES, PLEASE LIST SCHOOL NAME, CITY/STATE/ DATE GRADUATED:

LIST WORK EXPERIENCE

PLEASE LIST: EMPLOYER NAME, CITY/STATE, STARTING DATE, ENDING DATE & TYPE OF WORK

HAVE YOU HAD ANY PREVIOUS GROOMING EXPERIENCE? YES / NO

IF YES, WHERE & WHEN?

DO YOU HAVE ANY OTHER EXPERIENCE WITH ANIMALS? YES / NO

IF YES, WHERE & WHEN?

WHY DO YOU WISH TO BECOME A "PROFESSIONAL PET STYLIST"?

WHAT DO YOU PLAN TO DO WITH YOUR SKILL AFTER GRADUATION?

**DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT MAY LIMIT YOUR ABILITY TO GROOM A DOG?
YES/NO**

IF YES, PLEASE EXPLAIN:

ARE YOU RIGHT OR LEFT HANDED?

HOW DID YOU LEARN ABOUT GROOMING SCHOOL OF INDIANA?

IF ACCEPTED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE GROOMING SCHOOL OF INDIANA AS DEFINED IN THE CURRENT STUDENT INFORMATION GUIDE. I WILL PAY TUITION, FEES AND OTHER CHARGES AS STATED IN THE CURRENT STUDENT INFORMATION GUIDE OF GROOMING SCHOOL OF INDIANA, A COPY OF WHICH I RECEIVED, READ AND THOROUGHLY UNDERSTAND. I FURTHER UNDERSTAND THAT PROOF OF AGE (BIRTH CERTIFICATE AND DRIVER'S LICENSE) AND EVIDENCE OF SOCIAL SECURITY CARD WILL BE REQUIRED IF I AM ACCEPTED FOR ENROLLMENT.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DIRECTOR'S PRINTED NAME

DIRECTOR'S SIGNATURE