

**VIRGINIA SCHOOL OF PET GROOMING  
ENROLLMENT APPLICATION AND CONTRACT**

NAME (PRINT) -----DATE-----

ADDRESS----- DATE OF BIRTH -----

CITY-----STATE-----ZIP-----

SOC. SEC. NO. -----PHONE# -----CELL#-----

EMERGENCY CONTACT-----PHONE #-----

DO YOU HAVE ANY EXPERIENCE IN GROOMING? -----IF SO WHERE?-----

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HOW LONG?-----WHAT HAVE YOU BEEN TRAINED TO DO?-----

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PROGRAM TAKEN-----TOTAL WEEKS-----

STUDENT CLASSIFICATION: FULL TIME-----PART TIME-----DAYS-----

HOW DID YOU HEAR ABOUT THIS SCHOOL?-----

DO YOU HAVE ANY PHYSICAL PROBLEMS?-----IF YES, WHAT?-----

ARE YOU TAKING ANY MEDICATION?-----IF YES, WHAT TYPE?-----

DO YOU HAVE ANY ALLERGIES?-----IF YES, WHAT KIND?-----

DO YOU HAVE ANY PERSONAL HANDICAP THAT MIGHT CAUSE YOU NOT TO  
UNDERSTAND WRITTEN LITERATURE, VIDEO TAPES OR VERBAL INSTRUCTIONS?-

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IF SO WHAT ARE THEY? -----

DATE THAT YOU WOULD START CALSS -----

STUDENT'S/GAURDIAN SIGNATURE-----

DATE-----