

## A Identification of applicant

Family name

Social Insurance Number

Usual first name of applicant

Mother tongue: French  English  Other

Sex: M  F  Date of birth: Day  Month  Year

Language spoken: French  English  Other

City / Village of birth  Country of birth

Citizenship

## B Permanent residence

Number  Street / Rural route / Postal Code  Apartment  Province

City / Village  Postal code  Country

Residential telephone  Cell phone  Work telephone

Parents telephone  E-mail address

## C Other information

Father's name (even if deceased)  Father's first name (even if deceased)

Mother's maiden name (even if deceased)  Mother's first name (even if deceased)

## D Previous schooling

Number of years of schooling completed : Fewer than ten years  Ten  Eleven  Twelve  Thirteen

Diploma(s) : Secondary V  AEC  DEC  University : \_\_\_\_\_

## E Admission sought

<input type="checkbox"/> LCA.3X Marketing and artistic development agent	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer
<input type="checkbox"/> NRC.0J Productions techniques for cultural and corporate events	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer
<input type="checkbox"/> NWY.14 Management of film and stage sets	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer
<input type="checkbox"/> LCL.1Y Organization agent for cultural events	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer
<input type="checkbox"/> Production techniques for artistic costumes	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer
<input type="checkbox"/> Cultural service and product export agent	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer
<input type="checkbox"/> Presentation design techniques	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer

## F In case of emergency

If possible, provide information other than what you gave previously.

Telephone  Name

## G Media information

How did you learn about École du Show Business

Television  Info Channer Ad  Newspaper  Friend  Internet

Radio  Metro  Trade show  Yellow Pages  WEB

Je déclare que les renseignements ci-dessus sont exacts. J'autorise le collège et ses mandataires à vérifier les documents annexés à cette demande d'admission et j'autorise également le Ministère de l'Éducation à transmettre au collège une copie de mes résultats (notes) scolaires.  
 I declare that the above information is accurate. I authorize the college and its representatives to verify the documents attached to this application and I also authorize the Minister of Education to provide the college with a copy of my school results (grades).