Academy of Animal Arts and Sciences, LLC

1258 West Bay Drive, Suite E Largo Fl 33770 Phone 727-517-9546 / Fax 727-517-1586

Website: academyofanimalarts.com Email: showgroomschool@aol.com Student Application

Name	Date			
Address	_ City	State	Zip	
Telephone ()	Date of Birt	h		-
Email Address		_		
Medical or Physical conditions				
Education				-
Experience with dogs (if any)				
Plans after Graduation				-
In case of emergency, please contact: Name				
Address	_ City	State	Zip	
Home Phone Number	Work Phone	number		_
have submitted 3 references YesNo require assistance with housing YesNo l plan to enroll in the class beginning on have enclosed my \$150.00 (One hundred fifty of Perspective students that do not have evidence	dollars) non ref	fundable enrollment fee.		ake a fifteen
question Ability to benefit test, with a minimum so with parental or guardian consent and are require EACH STUDENT understands that he/she is on attachment. NOTICE TO BUYER: DO NOT SIGN TO ENTITLED TO AN EXACT COPY OF PROTECT YOUR RIGHTS.	core of 80%. Ped to interview probation for c	rospective students und with the Director or Adrone week and will be sub	ler the age of 18 will missions personnel. oject to refund policy:	be accepted see catalog YOU ARE
Student Signature			Date	
Parent or Guardian Signat	ture		Date	
Signature of parent or guardian is required if app This becomes binding upon acceptance of the S				
School Director			Acceptance Date	

01/04/2024

Effective Date_____