

# Total Health School Of Nutrition



## STUDENT ENROLLMENT FORM

P.O. Box 17  
Condor, AB, T0M 0P0  
403-746-5388

\_\_\_\_\_  
Last Name First Name Student ID #

\_\_\_\_\_  
Telephone Fax Email

\_\_\_\_\_  
Address of Applicant City/Town, Province Postal Code

\_\_\_\_\_  
Birth date Age

\_\_\_\_\_  
Total Health School of Nutrition Part-Time  
Program Name Mode of Delivery (part-time)

It is important that you understand the following prior to signing this contract:

- a) Each module must be paid in full prior to shipping out of the module to the student.
- b) Taking this program does not guarantee employment.
- c) You should ask potential employers whether they would hire graduates of this program.
- d) The method of payment of the tuition and other costs of this program.
- e) Signed copies of this contract and other forms and receipts will be provided to you and included in your module.
- f) An understanding of the institution's policies that apply to students taking this program noted in the student handbook.
- g) If you are under 16 years of age the institution must obtain written approval from your parent or guardian before you can take this program.
- h) If any loans are made to you to take this program repayment is your responsibility.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Darlene P. Blaney, PhD, NCP - President

\_\_\_\_\_  
Date