

**Animal Crackers Dog Grooming Academy
Student Application**

Student Name _____

Address _____ Phone number _____

_____ Birthday _____

Emergency contact information:

Name _____ Phone Number _____

What semester are you interested in attending? Fall _____ Spring _____ Year _____

How did you hear about ACDGA? _____

Do you have reliable transportation? _____

Are you currently employed? Yes _____ No _____ Where? _____

Do you plan on staying employed while attending ACDGA? _____

Will you need any special accommodations to complete the ACDGA course? _____

Please list any known days off or vacation time you would need:

Please list any previous experience you have in the dog grooming industry:

Please list any additional information that you would like to share about yourself that is relevant to your Animal Crackers Dog Grooming Academy application:

Applicant Signature _____ Date _____