

Student Application



Highland Canine Training, LLC
School for Dog Trainers
1475 West Memorial Highway
Harmony, NC 28634

Application For Enrollment

Your Legal Name _____
First Middle Last

Preferred Name _____

Your Address _____

City _____

State or Province _____ Zip _____

Date of Birth _____ Gender M/F

Social Security Number _____

Your Telephone Number

Home _____

Cell _____

Best time to call: morning / afternoon / evening

Email _____

Preferred method of contact PHONE or EMAIL

Country of Citizenship _____

Academic Information

High school Information

High school name City/State Year of High School graduation

College/University information

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Course You are Applying for: _____

Length of Course _____ weeks

Which course offering are you applying for:

(select only one)

JAN _____ APR _____ JUL _____ OCT _____
(year) (year) (year) (year)

How did you first hear about the school? _____

What factor was most influential in your decision to apply _____

Student Application



Highland Canine Training, LLC
School for Dog Trainers
1475 West Memorial Highway
Harmony, NC 28634

Consent for Criminal Background Check

Full Legal Name _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth(MM/DD/YYYY) _____

SSN _____

I certify that to the best of my knowledge and belief, the information provided in this document truly represents me. I understand that failure to give complete information, falsification or misrepresentation of information may prevent me from enrolling in Highland Canine Training, LLC. I authorized investigation of all statements made in this document and further authorize educational institutions, criminal justice agencies, and others to furnish whatever detail is available concerning my application.

My signature below further authorizes Highland Canine Training, LLC to obtain criminal background information. I understand that any information obtained by Highland Canine Training, LLC is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing my qualifications.

I _____, give my permission to Highland Canine Training, LLC to initiate a Criminal background check on my personal and present activities.

Signature _____

Date _____

Student Application



Highland Canine Training, LLC
School for Dog Trainers
1475 West Memorial Highway
Harmony, NC 28634

Video And Photo Release

I, the undersigned, do hereby consent and agree that Highland Canine Training, LLC, its employees or agents have the right to take photograph, videotape, or digital recordings of me and to use it in all media, now or hereby known, and exclusively for the purpose of supporting and promoting the mission of Highland Canine Training, LLC

I further consent that my name and identity may be released therein or descriptive text or commentary. I do hereby release to Highland Canine Training, LLC its agents, and employees all right to exhibit this work in print and electronic form publicly or privately and to market my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I further agree that such photographs or video footage may be used for educational and marketing purposes in Highland Canine Training, LLC promotional video materials (Newsletters, Brochures, videos Etc.) and or third party use by funder or perspective funder.

I also understand that Highland Canine Training, LLC its not responsible for any expense or liability incurred as a result of your participation in this recording, including medical expenses due to any sickness or injury incurred as result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement. This consent shall remain valid until written notice is provided to the contrary.

Name _____
Address _____
Phone _____

Signature _____ Date _____