

QC Career School™

www.qccareerschool.com

Parental Consent Form for Student Registration

(Required for students under 18)

Please complete form and fax it to 1 (613) 749-9551.

Name of Child _____

Child's E-mail Address _____

Child's Date of Birth _____

Course your child wishes to study: _____

Parent/Guardian Name _____

Parent/Guardian E-mail Address _____

Parent/Guardian Street Address _____

Check one in each of the following statements:

I have reviewed and understand the online privacy protection policy available at:

<http://qcmakeupacademy.com/privacy.php>

I agree that my child can take the above distance education course with QC Career School (Quality of Course Inc.)

Signature of Parent/Guardian _____ Date: _____