

**Personal  
Information  
Record**

**MAX *the* MUTT™**  
**ANIMATION SCHOOL**



All information is confidential  
and for **office use only**

Please print

**CONTACT INFORMATION**

LAST NAME: _____	MIDDLE NAME: _____
FIRST NAME: _____	DATE OF BIRTH: _____
ADDRESS: _____	APT#: _____
CITY: _____	POSTAL/ZIP: _____
PROV/STATE: _____	COUNTRY: _____
HOME PHONE #: _____	
CELL #: _____	EMAIL ADDRESS: _____
FAX #: _____	WEBSITE: HTTP://WWW: _____
DIPLOMA OF CHOICE: _____	

**EDUCATION**

NAME & LOCATION	DATES ATTENDED	COMPLETION DATE	DID NOT COMPLETE
1. _____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>

**VISUAL ARTS EDUCATION/TRAINING**

Please write in space below any relevant experience/training that you have received

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