

# Application for Enrollment

Application Date: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Cosmetology &amp; Barbering 1600 Hrs</b> | <input type="checkbox"/> <b>Esthetics 600 Hrs</b>          |
| <input type="checkbox"/> <b>Barbering 1000 Hrs</b>                   | <input type="checkbox"/> <b>Masters Esthetics 1200 Hrs</b> |
| <input type="checkbox"/> <b>Nails 300 Hrs</b>                        |  |

**Please fully complete the application and submit the following:**

- a. A copy of high school diploma or GED certificate,
- b. picture ID (i.e. Drivers License, State ID, Passport, etc.),
- c. transfers student we will need a copy of transcripts from previous school.

**Please check one of the following**

**Prefered start time.**

- |   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> Full-Time Student 9:00 -6:00 34 hrs/wk | <input type="checkbox"/> Spring | <input type="checkbox"/> Fall   |
| <input type="checkbox"/> Part-Time & 1/2 Student 30 hrs/wk      | <input type="checkbox"/> Summer | <input type="checkbox"/> Winter |
| <input type="checkbox"/> Part-Time 20 hrs/wk                    |                                 |                                 |

Transfer students please indicate # of hours needed \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Sex: M/F Independent/Dependent

Permanent Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: Single Married Divorced US Citizen? Y/N Race: \_\_\_\_\_

High School: \_\_\_\_\_ Graduate? Y/ N GED? Y/N

Collage or University: \_\_\_\_\_ Specialized Traning: \_\_\_\_\_

Curent Employment: \_\_\_\_\_ Ph.# \_\_\_\_\_

Character References:

1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

List any physical condition that could interfere with your performance as a cosmetology student: \_\_\_\_\_

List any medications or treatments that you are taking, in the case of an emergency. Example:  
Insulin, heart meds, breathing treatments, etc: \_\_\_\_\_

In case of an emergency, notfy: \_\_\_\_\_ Ph# \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Ph# \_\_\_\_\_

How did you hear about our Academy? \_\_\_\_\_

I have read and agree to abide by the Academy's rules, regulations and dress code, and agree to act in a responsible manner. I certify that the above information is true and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_