

## **ENROLLMENT APPLICATION**

## How to Enroll:

- 1. Complete this Application.
- 2. Request your high school transcripts with graduation date.
- 3. Schedule an interview to tour the school and find out why we're different.
- 4. Sign an Enrollment Agreement contract and pay an Enrollment Fee of \$50.00.

First Name:	Middle	Initial:	Last Name:		
Social Security #		<u>-</u>			
Street Address:					
City:	State:		Zip	:	
Email:		Home Pho	one:		
Work Phone:		Cell Phon	e:		
Date of Birth:	Current Age:	rent Age: Cell Phone Provider:			
* By providing email address, these methods. (Stu		ier informa	tion, I am authorizin	ng the school to c	ontact me via
Course applying for: Cos	metology – 1500 clock hours	☐ Instruc	ctor – 600 clock hou	ırs	
What month do you wish to b	egin classes?	April [	July Novem	ber	
How did you hear about us?					
Race:  Alaskan Native  American Indian  Asian  African American  Hispanic			Non Resident Alien Other Pacific Islander Unknown Caucasian		
Marital Status: Single	Married Divorced Wide	owed	Gender:  Fema	ale   Male	
High School Grad Date:	If still in high school, wl	nat grade le	evel are you current	tly in?	
Education Level:  HS Diploma HS Transcript GED College Grad	Ct-t-		Current HS Student Some Post Seconda Associates Degree	ary	Vaa □ Na
Drivers License/State ID #:	State o	f Drivers Li	icense/iD:	Veteran: 🔲	⊺es ∐NO



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## **REFERENCES**

Parent / Guardian / Reference 1		Reference 2		
Name:		Name:		
Address:		Address		
City:	State:	City:	State:	
Phone: ()	Zip:	Phone: ()	Zip:	
Cell Phone:		Cell Phone:		
In case of emergency, co	ontact:			
Name:		Phone ( )		
Relationship:		_		
Do you have any health i	issues that could affect y	our training? If so, please explain:		
By signing below, I certif	fy that all statements in th	nis application are complete and true:		
STUDENT SIGNATURE _				
STUDENT PRINTED NAM	IE			
PARENT SIGNATURE (if	under 18)			
DATE:				