

Enrollment Application

Course of Interest: Cosmetology Esthetician Manicuring

Name: _____

Address: _____

Phone # to best reach you: E-mail: _____

Cell _____ Home _____ Work _____ other _____

Social security: _____ - _____ - _____ DOB ____/____/____ Age: _____

Government Issue ID # _____ State _____ Expiration date _____

Ethnic Group: African- American America/ Alaskan Indian Asian Hispanic Caucasian

Educational Information:

1.-Did Graduate from High School? Yes No

If No have you taken passed a GED test? Yes No

Circle the Highest grade completed 10th 11th 12th College: 1 2 3 4 5+ GPA: _____

(if you do not have a greater than a tenth grade education you must provide a certificate provided by an official General Educational Development (GED) testing center, an accredited High School, or college in the United States.)

Last High School attended _____ City/State: _____

Work History (Current or Most recent):

Employer _____ From: _____ To: _____

Position held: Clerical Customer Service retail Industry related Restaurant Other

Personal Information

Female Male

Single Married Separated Divorced Widowed

Housing during enrollment: With Parents Own Place

Number of dependents: _____ (List below)

Name _____ Age _____ Name _____ Age _____

Do you have any special needs, concerns, or documented disabilities, which we should be aware of? Yes / No

If yes, explain: _____

- a.- If you answered yes to the above, are aware of any reason why this may affect your training? Yes / No
- b.- If you answered yes, please explain: _____

Are taking any medication? Yes / No

- a.- If yes, please list the medications you are taking: _____
- b.- If you answered yes to the above, are you aware of any reason why this may affect your training? Yes/ No
- c.- If you answered yes, please explain: _____
- d.- If asked, can you provide a medical release to attend school and enter this industry? Yes / No

Have you ever been convicted of a criminal offense, felony, or misdemeanor (or entered a plea of nolo contendere) other than a minor traffic violation? Yes ___ No ___ if yes explain: _____

If you answered yes, please see school personnel. An additional application may need to be completed for the board of Barbering & Cosmetology. This may determine your eligibility to take the state exam.

References: (can include family member, close friend, employer or previous employer)

Reference	Relationship
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Address City State Zip

Phone #

Reference

Relationship

Address City State Zip

Phone #

The information that you provide on this application will be kept confidential, and will help determine your ability to benefit from the program. Your information will be kept on file for 6 months. If no further contact after 6 months, all files will be shredded. I Certified that all information provide supporting documentation of the information reported. Falsifying information may result in denial or enrollment or expulsion from school.

Applicant's Signature: _____

Date: _____