



The *SCHOOL* of *HAIR STYLING*

APPLICATION FOR ENROLLMENT

_____/_____/_____
DATE

(_____)_____-_____
PHONE

DRIVER'S LICENSE NO.

_____/_____/_____
SOCIAL SECURITY NUMBER

NAME _____
Last First Middle Maiden

ADDRESS _____
Street City State Zip

_____/_____/_____
Date of Birth

Place of Birth

Race/ethnic origin

Class starting date

Attach proof of education (minimum 12th grade/GED required) check appropriate box:

High Graduate

Name and location of High School

Date of Graduation (Mo/Yr)

GED Equivalency

Name and location of testing center

Date of Text (Mo/Yr)

Post secondary/College

Name and location

Dates attended

You must list name and location of ANY and ALL post secondary training programs beyond High school. If you have never attended any post secondary program, please indicate that information by entering NONE. If you need additional space, you may use the back of this form or add an additional sheet.

I HEREBY SUBMIT MY QUALIFICATIONS AND MAKE APPLICATION FOR ENROLLMENT AS A:

- () **COSMETOLOGY STUDENT – 2000 CLOCK HOURS – FULL CURRICULUM**
() **NAIL TECHNOLOGY/MANICURING STUDENT – 400 CLOCK HOURS**

1. HAVE YOU EVER BEEN DISMISSED FROM OR DENIED ENTRY TO ANY COSMETOLOGY SCHOOL OR POST SECONDARY TRAINING PROGRAM? () NO () YES If yes, please give full explanation on separate sheet.

2. HAVE YOU EVER BEEN ENROLLED IN AND ATTENDED A COSMETOLOGY PROGRAM BEFORE THIS APPLICATION () NO () YES If yes, please give full details as to place, dates, and hours earned. _____

3. HAVE YOU EVER BEEN LICENSED IN ANOTHER STATE TO PRACTICE COSMETOLOGY? () NO () YES If yes, list State and year licensed.

4. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OR VIOLATION OF ANY FEDERAL STATE OR LOCAL STATUTE? () NO () YES If yes, provide explanation. A copy of court records must accompany application for license.

5. DO YOU HAVE ANY PHYSICAL CONDITION(S) OR REQUIRE ANY SPECIAL CONSIDERATION THE SCHOOL WOULD NEED TO BE AWARE OF FOR YOU TO SUCCESSFULLY ENROLL IN AND ADEQUATELY COMPLETE THIS CURSE OF TRAINING? () NO () YES If yes, please describe.



6. TWO PERSONAL REFERENCES

Name	Address	Phone

7. PERSON TO CONTACT IN CASE OF EMERGENCY

Name	Address	Phone

8. PARENTS/GUARDIANS (If under 18)

Name	Address	Phone

9. SPOUSE

Name	Phone	Work Phone

I UNDERSTAND THAT REQUIREMENTS FOR ENROLLMENT AND COMPLETION OF THIS TRAINING PROGRAM INCLUDE:

- 90% ATTENDANCE AS SET BY FEDERAL REGULATION
 - NO LESS THAN 75% AVERAGE IN THEORY AND CLINIC PRACTICE
 - ADHERENCE TO ALL OF THE LAWS AND REGULATIONS SET BY THE BOARD OF COSMETOLOGY AND THE IDAHO COSMETOLOGY CODE.
 - SUPPORT THE DRUG FREE SCHOOLS AND COMMUNITIES STANDARD AND POLICY OF THIS SCHOOL.
 - UPHOLD THE RULES AND REGULATIONS OF THE SCHOOL OF HAIRSTYLING, AND THE U.S. DEPARTMENT OF EDUCATION; STATE OF IDAHO, BOARD OF COSMETOLOGY.
- I HAVE READ AND UNDERSTAND THIS APPLICATION AND HAVE HAD MY QUESTIONS ANSWERED TO MY SATISFACTION BY THE SCHOOL OF HAIRSTYLING. I ALSO UNDERSTAND THAT I MAY CANCEL THIS APPLICATION WITHIN 72 HOURS IF I SHOULD SO DESIRE AND WILL RECEIVE A REFUND OF MONIES THAT HAVE BEEN PAID. I AM AWARE THAT AFTER THE 72 HOUR PERIOD, AND AFTER BEGINNING IN CLASS, THIS APPLICATION AND THE ENROLLMENT CONTRACT BECOME LEGAL BINDING DOCUMENTS SUBJECT TO COLLECTION FOR BOOKS, KIT OR SUPPLIES ISSUED AND HOURS ATTENDED.
- MY SIGNATURE INDICATES MY UNDERSTANDING OF THE POLICIES AND REQUIREMENTS AND MY AGREEMENT TO ABIDE BY THEM WHILE ENROLLED AS A STUDENT IN THE SCHOOL OF HAIRSTYLING.

SIGNATURE

DATE

THE SCHOOL OF HAIRSTYLING, (Pocatello Beauty Academy, Inc.) IS AN EQUAL EDUCATION INSTITUTION. THE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE OR NATIONAL ORIGIN. STUDENTS WILL NOT BE DENIED TRAINING OR BE DISCRIMINATED AGAINST BECAUSE OF COLOR, AGE, SEX, CREED, OR RELIGIOUS PREFERENCE, AND ALL STUDENTS ARE ENTITLED TO ANY OR ALL CLASSES, AND AVAILABLE FINANCIAL AID UP TO THEIR ELIGIBLY.

141 East Chubbuck Road, Chubbuck Idaho 83202 Phone 208-232-9170; 232-9486 fax.

