



Admission Application

Applicant: Complete this form and return to school

Date: _____

Name: _____ **Date of Birth** _____ **DL#** _____

Address: _____
Street City State Zipcode

Home Phone _____ **Alternate Phone** _____

Email Address : _____

Program you are apply for:

Cosmetology _____ **Nail Care** _____ **Skin Care** _____

A full statement of your academic record is required for admission to any program at Princess Institute of Beauty. Please list below the name(s) of your high school, all Colleges and/or Universities.

Institution Name	Dates Attended	Major	Degree

Prior Training in Cosmetology, Nail or Skin Care ? Yes _____ No _____

Name of School _____ **Location** _____
Date of Training _____ **Number of Hours Completed** _____

List occupation to date: _____



Do you have any health limitations which will affect your ability to perform the work required in the profession? If yes, please explain.

Do you have any disabilities that require additional assistance and support? Yes ___ No ___

Do you have any allergies or health problems? Yes _____ No _____

If yes, please list. _____

Emergency Contact Information

Name Relationship to Student

Address City State Zipcode

Home Phone Alternate Phone

I hereby certify that the information I have given in this application is complete and correct to the best of my knowledge. I understand that no action will be taken regarding my application until all required admission documents have been received.

Student Signature

Date