



Admission Application

Personal Information

Full Name: _____ Date of Birth: ____ / ____ / ____ DL# _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: (____) ____ - _____ Alternate Phone (____) ____ - _____

Email Address: _____

Program of Interest

☐ Cosmetology (1,000 hours) ☐ Nail Care (400 hours) ☐ Skin Care / Esthetics (600 hours)

Education Background

High School Attended: _____ City/State: _____

Graduation Date or Expected Date: ____ / ____ / ____ ☐ Diploma ☐ GED

College/University (if applicable):

Name: _____ Degree or Major (if any): _____

Dates Attended: _____

Prior Cosmetology, Nail or Skin Care Training (If applicable):

Name of School: _____ Program Studied: _____

Withdrawal or Completion Date: ____ / ____ / ____ Hours Completed _____

Health & Accessibility Information

Please complete this section to help us provide appropriate support and ensure your safety.

- **Do you have an Individual Education Plan (IEP) from your high school?**
☐ No ☐ Yes — If yes, please provide to Admission Office



- **Do you need additional assistance and support?**

☐ No ☐ Yes — If yes, please explain:

- **Do you have any physical limitations or disabilities that will affect your ability to perform the work required in the profession?**

☐ No ☐ Yes — If yes, please explain:

- **Do you have any allergies (e.g., latex, chemicals, food)?**

☐ No ☐ Yes — If yes, please list:

- **Do you have any medical conditions we should be aware of (e.g., asthma, diabetes, seizures)?**

☐ No ☐ Yes — If yes, please explain:

Emergency Contact Information

Full Name: _____ **Relationship to Student:** _____

Phone Number: (____) ____ - _____ **Alternate Phone (if any):** (____) ____ - _____

Additional Information

- Have you applied for Federal Student Aid? ☐ Yes ☐ No
- Are you **Right-Handed** or **Left-Handed** ? (Circle One)

Student Signature

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 taken regarding my application until all required admission documents have been received.

Applicant's Signature: _____ **Date:** ____ / ____ / ____