

APPLICATION FOR ENROLLMENT

1550 W Thatcher Blvd • Safford, AZ 85546 • 928.428.0331 • Fax 928.348.7714 • www.hairacademysafford.com



To apply for admission fill out this form completely and submit it with the \$100 registration fee. After submitting your application, notify your high school or college to send your transcripts to The Hair Academy of Safford at the above address. When you return this application or upon enrollment, bring the following items with you: high school diploma or G.E.D. certificate, birth certificate, social security card, drivers license or picture ID, and the previous year's tax forms. Please bring original copies of all documents—we will make photocopies for our records.

GENERAL INFORMATION

Name		Social security no.	
Address			
City		State	Zip code
Phone	Cell phone		Date of birth
Email			Start date
Do you have a drivers license?		State issued	License number
Marital status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated		No. children/ages
Parent or guardian's name and address			
Present place of employment			
If married, spouse's name		Spouse's place of employment	
To better serve you, please list any physical conditions that you feel we should know about in order to best serve your during your training			

How did you hear about us?

Program of study Cosmetology Nail technology Instructor

Are you interested in financial aid? Student loans?

If you qualify for loans, would you pay the interest quarterly or have the amount added to the loan?

EDUCATION

Name of high school		Address	
Did you graduate?	Graduation date	Last grade completed	
Have you previously attended a college, technical, vocational, or cosmetology school?			
Name of school		Address	
Date of attendance	Degree	Did you receive financial aid?	

PERSONAL REFERENCES (Fill out section completely and do not use relatives)

Name		Phone
Address		City/State/Zip code
How do you know this person?		
Name		Phone
Address		City/State/Zip code
How do you know this person?		

I understand that the accompanying registration fee of \$100 will be refunded if my application is not accepted or if I cancel my enrollment and request in writing or in person within three (3) working days of signing this application.

Signature of applicant	Date
Application approved by	Date