

ABC BEAUTY COLLEGE, INC

ADMISSION APPLICATION

Please print in black or blue ink

Name (Last) (First) (Middle) Today's Date

Preferred Name Social Security Number

Mailing address Email

(City) (County) (State) (Zip)

Home Phone () Work Phone () Cell Phone ()

Date of Birth Place of Birth

Name of Father, Mother, Legal Guardian, or Spouse

Relationship Address

City, State, Zip

Telephone # Applying for [] Cosmetology [] Manicuring [] Instructor

Are you employed If so, where

Name of Relative Address

Name of Friend you have known for 3 years

Address Telephone ()

Academic Background

High School Attended City and State

Graduation Date or date you received your GED

Have you ever attended Cosmetology School [] Yes [] No When Where

List all school you have attended since high school

Table with 3 columns: INSTITUTION, STATE/COUNTRY, DATES ATTENDED

You will need the following for full admission to ABC Beauty College, Inc.: High School Diploma, transcript, or GED.....Social Security Card..... Driver's License or State ID \$20.00 Money Order for state permit\$250.00 down payment (on or before the first day of attendance

ABC BEAUTY COLLEGE, INC 2708 PINE STREET ARKADELPHIA AR 71923