



PROGRAMS OF INTEREST

Cosmetology_____

Students Name: _____
First Name Middle Name Last Name

Home Number:_____ Emergency Contact Number: _____

Date of Birth_____ Social Security #:_____

CANCELLATION POLICY: This contract contains the entire agreement between the student and the Academy relating to this contract. Any changes to this contract must be in writing and must be signed by all parties

NO VERBAL CHANGES ARE BINDING

Full Time Student_____Part Time Student_____ High School Graduate _____yes _____no

Circle Last grade Completed 8 9 10 11 12 GED ____ (year) High School Name:_____

(Please provide original document for proof)

Citizenship: US _____Alien/PRC/Passport/State Driver License # _____

(Please provide original document for proof)

PAYMENT STRUCTURE

_____Private Pay _____Grant/Loan _____D.P.A. _____ Other

From the Prospective Student: I agree that all the above information is true and correct, failure to comply will result in the immediate rejection of this application.

Signature:_____ Date:_____