

Address of Reference #1

Address of Reference #1

(include city, state zip code):

Name of Reference #2:

(include city, state zip code):

Enrollment Application

Relationship of Reference #1:

Relationship of Reference #2:

Phone #:

Campus applying to:				_			
☐ Bayshore: 5780 N. Port Washington Road, Glendale, WI 53217					For Office Use Only: Date: Recd By:		
☐ South: 4111 S. 108 th Street, Greenfield, WI 53228 (☐ Esti, South only)					\$10.00 App Fee Recd:		
_					Start Date:		
Madison: 353 E. Campu	is Mall, Madiso	on, WI 53/15					
Please complete this applica	tion and submit	t with copies o	f your high school diplome	or GED ce	rtificate. c	official high school transcripts,	
Driver's license or state ID co							
inaccurate data may result in	•	•	•				
maccorare data may reson in	т аррисанон в	omig rotottica	as meompione ana, or ma	, 103011 III a	oa. o. , .	or applications	
PERSONAL INFORMATION							
Full					Social		
Name:					Security	#:	
Present Full Address							
(include city, state and zip):		Τ					
Cell		Home			Email:		
Phone:	1	Phone:			T		
		Marital			Number		
Birth date: Age: Status:						Dependent Children:	
FAMILY INFORMATION							
Mother's Full				Phone:			
Name:							
Present Full Address							
(include city, state and zip):							
Father's Full					Phone:		
Name:							
Present Full Address							
(include city, state and zip):							
Please check if parents are:	married [separated	divorced other:				
EDUCATION: Have you ever	r attended this o	r any other Co	smetology School? 🔲 Ye	s 🗆 No I	f yes, plea	se attach official transcripts.	
High School or GED/HSED Issuing body					Date Graduated:		
(include name							
and location):							
College / Trade School #1 and Major					Date graduated or withdrew and reason for not		
(include name					completing:		
and location):							
College / Trade School #2 and Major					Date graduated or withdrew and reason for not		
(include name					completing:		
and location):							
EMPLOYERS: Please provide	la information	for voir curr	ont omployer and for me	t rosont om	nlavmoni		
Employer Name and phone:	ae imormanon	TOT YOUT COIL			pioymem		
Employer Name and phone:			Dates	Position:		Reason for leaving:	
			Employed:				
Employer Name and phone:			Dates			Reason for leaving:	
			Employed:	Position:			
REFERENCES: Please provide			حمادة المسامر المسامر المسامر المسامر		lemaner ==	and an a van	
Name of	e us with two pe	ersonar rereren	ces not related to you, Who	iii you nave	kilown af I	eusi one year.	
Reference #1:							
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Enrollment Application 2014 Rev. 11/13



Enrollment Application

	nands of our industry, we ask that you please provide us with your health history.
	from working in the Cosmetology Industry? (please check all that apply) Arm / Shoulder Wrist Leg Learning or physical disability
If you checked any of the above, please explain:	
, , , , , , , , , , , , , , , , , , ,	
	you would like to be in the industry, why you feel you should be considered for pletion of the program. Use the space provided below or attach a Letter of Intent.
accepted as a student, falsified statements on this application	in the above application are true and complete to the best of my knowledge. I understand that if shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation v investigation or credit agencies of your choice. I understand that this application is only valid for six thereafter.
Signature:	Date:

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