

Creative Hair

School of Cosmetology

Please complete the following information. We ask that the information you provide is accurate to the best of your ability. All information obtained is kept confidential.

APPLICATION INFORMATION

Social Security Number ____ - ____ - ____ Date of Birth ____/____/____

Full Name _____

Last First MI

Address _____

Street Address Apartment/Unit #

City State Zip Code

Home #: (____) _____ Cell #: (____) _____

Email _____

EMERGENCY CONTACT

Name _____ Contact # _____ Relationship: _____

Please note any medical conditions (e.g., allergies, asthma, pregnancy, etc) _____

EDUCATION INFORMATION

Program: <ul style="list-style-type: none"> • Cosmetology • Esthetics * • Manicuring * • Natural Hair* • Instructors Training <p><i>*Evening schedule</i></p>	Enrollment: <ul style="list-style-type: none"> • January • February • March • April • May • June 	<ul style="list-style-type: none"> • July • August • September • October • November • December
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Sex: <ul style="list-style-type: none"> • Male • Female 	Ethnic Group(s): <ul style="list-style-type: none"> • Black/African American • Asian • Native Hawaiian/Pacific Islander • White • Hispanic/Latino • Native American/Alaska Native • Unknown 	Citizenship: <ul style="list-style-type: none"> • U.S. Citizens • U.S. Permanent Resident (enclose a copy of your resident alien card) • Not a U.S. Citizen
Highest level of secondary education completed: <ul style="list-style-type: none"> • 9th • 10th • 11th • 12th 	Do you have a high school diploma or G.E.D.? <ul style="list-style-type: none"> • Yes • No 	

Have you ever applied or enrolled previously at Creative Hair School of Cosmetology?

- Yes – Please provide dates attended _____
- No

Have you attended another post-secondary institution (cosmetology school, college, university, or trade school)?

- Yes
- No

Have you ever been expelled, suspended, or placed on probation from any school or college?

- Yes, please explain _____
- No

If you've attended another cosmetology school, please provide the following information:

School Name _____ Address _____

Date of attendance _____ Did you complete the program? _____

If no, please explain _____

ADDITIONAL INFORMATION

Age	Family Income	Marital Status	# of Dependents
<ul style="list-style-type: none"> • Under 20 • 20-23 • 24-29 • 30-39 • 40 and up 	<ul style="list-style-type: none"> • \$0-\$9,999 • \$10,000 - \$19,999 • \$20,000 - \$29,000 • \$30,000 and over 	<ul style="list-style-type: none"> • Single • Married • Separated • Divorced • Widowed 	

Have you ever been convicted of a crime other than a minor traffic offense?

- Yes, please explain _____

- No

References

Name _____

Contact _____

Name _____

Contact _____

Name _____

Contact _____

How did you hear about Creative Hair School of Cosmetology?

Please explain why you want to attend Creative Hair School?

Attendance is mandatory. Are you able to attend the hours required by your program of study?

- Yes
- No

Daytime Schedule:

Tuesday-Saturday 9:00am-4:00pm

*Evening Schedule:

Monday-Thursday 5:30pm – 9:30pm
Saturday 9:00am-2:00pm

Dress Code (professional black, gray, and white) is mandatory. Are you willing to stay within the dress code daily?

- Yes
- No

To enroll in Creative Hair School prospective students are required to pay a \$25 non-refundable application fee and a \$75 registration fee. Students are required to have completed at least a high school education to attend Creative Hair School. Prospective students must be interviewed, accepted into their program of study, and attend orientation prior to starting classes.

I have read the application, asked questions, and answered the questions to the best of my knowledge.

Prospective Student Name

Date

Admissions Representative

Date