

House of Elegance Cosmetology School – Application for Enrollment

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____

Mobile: _____ Work: _____ Home: _____

Email Address: _____

SS#: _____ ID or DL#: _____ State: _____

Age: _____ Sex: _____ Ethnicity: _____ Marital Status: _____

DOB: _____

Have you ever been convicted of a Felony? Yes No

If you have been convicted of a Felony, please explain: _____

How did you hear about us? _____

Do you have a High School Diploma? Yes No

If yes, please give the following information:

School: _____ City: _____ State: _____

Year of Graduation: _____

Do you have a GED? Yes No If yes, in what year did you receive it? _____

Have you ever taken any Cosmetology related courses? Yes No If so, when? _____

How many hours did you clock? _____

List the Cosmetology related course(s) you have taken: _____

Last place of Employment: _____

Are you still working? Yes No Job Title: _____

Are you planning to work part-time while attending school? Yes No

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In case of emergency, please notify: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Doctors Name: _____ Phone: _____

Do you have any disabilities? Yes No

If yes, please explain: _____

Parents or nearest living relatives:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____ Phone: _____

Zip: _____ Phone: _____

Tell us why you believe you will make a good Cosmetologist: _____

Tell us what you expect to obtain from attending school at House of Elegance Cosmetology School:

I certify that all of the information provided on the form is true and complete to the best of my knowledge.

Applicant

Date