

National Beauty College

4642 Cleveland Ave. NW Canton, OH 44709

ENROLLMENT APPLICATION

DATE: _____ New Student Returning Student Transfer Student

COURSE: COSMETOLOGY ESTHETICS MANAGING MANICURIST START DATE: _____ DAY EVE

(LAST) (FIRST) (MIDDLE) (MAIDEN)

NAME YOU WISH TO GO BY IF DIFFERENT FROM YOUR FIRST NAME: _____

SOCIAL SECURITY #: _____ BIRTHDATE: _____ MALE FEMALE

ADDRESS: _____
(STREET) (CITY) (ZIP)

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____ DRIVER'S LICENSE #: _____

Of which state are you a legal resident? _____ Are you a veteran of the U.S. Armed Forces? Yes No
CITIZENSHIP U. S. Citizen Other (indicate type of visa: _____)

Permanent resident (Copy of both sides of Alien Registration Card or I-94 must be attached)

FATHER'S NAME: _____ PHONE : _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

MOTHER'S NAME: _____ PHONE : _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOW DID YOU BECOME INTERESTED IN NATIONAL? Internet Beauty Salon Walk-In Graduate
 Phone Book Counselor Other: _____

HOW DO YOU PLAN TO PAY FOR YOUR TUITION: Financial Aid Monthly payment Other: _____

A down payment is required before the start of class. This down payment *cannot* be covered by financial aid.

If you are planning on using financial aid, you must fill out the Free Application for Federal Student Aid at www.fafsa.ed.gov. Use school code 011744. You also must complete our financial aid application.

Are you allergic to latex? Yes No Which hand will you use to cut hair? Right Left

(PLEASE COMPLETE OTHER SIDE)

APPLICATION FOR ENROLLMENT

SECTION 2 – ACADEMIC INFORMATION

High School Diploma – Graduation Date: _____ G.E.D. – Date: _____

Have you attended school since high school? Yes No

Do you have any of the following degrees? Associate Bachelor Graduate

1. Name of college/school attended: _____

Dates of attendance: _____ Date of graduation: _____

2. Name of college/school attended: _____

Dates of attendance: _____ Date of graduation: _____

SECTION 3 – EMPLOYMENT INFORMATION

Are you employed now? Yes No Employer: _____

Employer's Address: _____ Employer's Phone: _____

SECTION 4 – FAMILY INFORMATION

Single Married-Date: _____ Separated-Date: _____ Divorced or Widowed-Date: _____

CHILDREN: Number of dependent children for whom you are responsible ___ Ages of children _____

SPOUSE: Name: _____ Age: _____

Is your spouse employed? Yes No Employer: _____

Employer's Address: _____ Employer's Phone: _____

SECTION 5 – PERSONAL REFERENCES

NAME: _____ PHONE : _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

NAME: _____ PHONE : _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

I certify that the information provided by me in this application is true to the best of my knowledge.

(Applicant's Signature)

(Date)

Office Use Only: Entrance Eval Date _____ Score _____ Down Payment Date _____ Cash/Ck/Credit # _____ Diploma/Transcripts/GED _____ Orientation Letter _____
