APPLICATION FOR ADMISSION
INTERNATIONAL BEAUTY ACADEMY

DATE: _____ I PLAN TO TAKE MY COURSE ON _____

COURSE I PLAN TO TAKE:

- ☐ Cosmetology
- ☐ Esthetics
- ☐ Teacher of Cosmetology
- ☐ Manicure Program
- ☐ Massage Therapy
- ☐ Completion of Hours

COSMETOLOGY - NAIL TECHNICIAN – ESTHETIC - HAIRCUTTER SCHEDULING:
☐ FULL TIME (30-40 hours/week) ☐ PART TIME (20-29 hours/week)

NAME:_____
(Last) (First) (Middle)

ADDRESS:_____
(Street & Number)

_____ _____ _____
(City) (State) (Zip)

PHONE: (_____) _____-_____ DATE OF BIRTH _____ AGE_____

EMERGENCY CONTACT: _____ PHONE: (_____) _____-_____

SOCIAL SECURITY #: _____-_____-_____ DRIVER'S LICENSE #:_____

MARITAL STATUS: ☐ MARRIED ☐ SINGLE ☐ DIVORCED ☐ SEPERATED

COUNTRY OF BIRTH:_____

NAME OF HIGH SCHOOL ATTENDED:_____

NAME REGISTERED UNDER:_____
(If name changes have occurred the State requires proof of all (marriage certificates, divorce decrees, etc. Please, provide these prior to orientation.)

DO YOU HAVE A DIPLOMA OR GED? ☐ DIPLOMA ☐ GED
Please, provide prior to orientation.

HOW DID YOU LEARN ABOUT OUR SCHOOL? _____

By signing below, I understand the application fee of $150.00 is non-refundable.

_____ _____
Applicant's Signature Date

_____ _____
School Representative Signature Date