

Application Agreement

HOW TO APPLY:

1. Complete this application form and return it along with a copy of your birth certificate and High School diploma or G.E.D.
2. Sign application form and pay \$100 registration fee.
3. Contact us to schedule a tour at your convenience.

Name _____
First Middle Last

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____

Social Security _____ Date of Birth _____

Select the starting dates of the class you are interested in:

Fall _____ Winter _____ Spring _____ Summer _____

Are you left handed? Yes _____ No _____

In case of an emergency notify:

Full Name Relation

Address Phone

How did you hear about The Hair Academy? _____

Have you ever been convicted of an offense other than a minor traffic violation? Yes _____ No _____ If yes, please attach a written explanation including the nature of offense and action taken. The Hair Academy asks for full disclosure to advise students of potential state licensing denial. This information is kept in student confidential file.

I certify that all statements on this application are complete and true:

Signature _____ Date _____