

THE BEAUTY SCHOOL

1148 North Main Street Fuquay Varina, North Carolina 27526

How to apply

Complete the application and return it to The Beauty School Admission office via
Mail, or in person

Contact us to schedule admissions interview meeting. During the meeting information
concerning curriculum books and kit and apparel code.

Course of Study: Cosmetology

GENERAL INFORMATION

Name _____

Address _____

City _____ Zip _____ Cell Number () _____

Email _____

Birthdate ____/____/____

Do you have a high school education ____ Year Graduated ____

Citizenship US Other

Driver's License Number _____

Social Security Number _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____

Spouses Name _____ Number of Children ____ Ages _____

Name of Parents _____ Phone Number _____

Address _____

List of Allergies _____

Person to Notify in case of an Emergency Name: _____ Phone Number

EDUCATION:

List the last High school you attended and your status when you left (i.e., Grad, GED, withdrew) list all other educational institutions you have attended or are attending.

HIGH School _____ from (year/month) _____ to _____ (year/month)

GED/Diploma _____ from (year/month) _____ to _____ (year/month)

Cosmetology School _____ from (year/month) _____ to _____ (year/month)

College Degree _____ from (year/month) _____ to _____ (year/month)

Have you been suspended or dismissed from any cosmetology school or college for any reason?
Please Explain:

Have you ever been convicted of a Felony? YES _____ NO _____

If yes explain:

Do you plan to be a full-time student? _____

What schedule are you interested in? Days _____ Evenings _____

Please explain why you are interested in Cosmetology?

Do you want to work for someone or own your own business? Explain why

What do you see yourself doing in five years? _____

Office Notes:

Employment and Military History list your employment experience (Including military service) for the last 12 months

employer	street address	city, state, zip	from month/year to month/year
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employer	street address	city, state, zip	from month/year to month/year
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employer	street address	city, state, zip	from month/year to month/year
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Answer the following questions in 3 or 4 sentences.

Why will you be great at our school?

What obstacles might prevent you from achieving excellent attendance and excellent academic performance? _____

What traits do you have that will help you succeed in this industry? _____

What are your long-term career goals? _____

Admission Policy

- All prospective students must complete an Admissions application.
- All applications will be reviewed and approved by the campus Admissions Representative and campus Manager.
- Incomplete applications will not be considered for review.
- Applications received from an applicant with a felony conviction will be further reviewed by the schools' owner, directors' staff, and campus Admissions Representative and Manager.
- Submitting an application does not guarantee admission.
- Prospective students will be notified by phone of approval or denial of admission.
- In the event a prospective student cannot be reached via phone, a letter will be mailed to the address provided on the Admissions Application.

SCHOOL OF BEAUTY

reserves the right to approve or deny admission based on information gathered from the admissions application, during conversations with prospective students and families of prospective students or family members and friends of prospective students (on the phone or in person) letters written by or on behalf of prospective students or any other form of communication.

I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for the refusal of admission, cancellation of application, or dismissal. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange all ADMISSION CREDENTIALS (diploma, official transcripts, down payment, etc.) to be received by the Admissions Office at the TIME OF MY ENROLLMENT.

Applicant's signature: _____ Date: _____

For office use only:

Date application received: