

Application for Enrollment

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

SSN _____ Driver's License # _____

Emergency Contact _____ Phone _____

If Under 18:

Parent(s) Names _____ Phone _____

Address _____

City _____ State _____ Zip _____

Education:

High School _____ Graduation Date _____

Number of years completed _____

College _____ Graduation Date _____

Number of years completed _____

Course of Study _____

Other Education _____

Employment:

Current Employer _____

Work Schedule _____

Previous Employer _____ From _____ To _____



How did you hear about The Barber Academy?

In a brief essay, please explain why you are interested in Barbering.

Please refer to The Barber Academy Student Handbook for policy's regarding refunds, attendance, and all other student information.

Applicant Signature _____ Date _____

Director's Signature _____ Date _____

Thank you for your interest in attending The Barber Academy!