

ENROLLMENT APPLICATION

Elite Cosmetology, Barber & Spa Academy
2606 W Nob Hill Blvd. Yakima, WA 98902
509-457-9246

Elite Cosmetology, Barber & Spa Academy does not discriminate in its employment, admissions and instruction or graduation policies on the basis of sex, religion, sexual orientation, age, ethnicity, disability, race, creed, financial status or area of origin or residence.

Personal Information

Name: _____ Date: _____
Mailing Address: _____
City/State/Zip: _____
Cell Phone: _____ Home Phone: _____
Email: _____
Date of Birth: _____ Gender: Male Female
Are you a citizen of the United States? Yes No Alien ID # _____
Social Security #: _____
Race: Asian Black/African American White Caucasian Hispanic Native American Other
Have you been convicted of a crime, misdemeanor, or felony in the past ten years? Yes No
Are you on home detention or work release? Yes No
Do you have a disability? Yes No If yes, what type? _____

Employment Information

Are you currently employed? Yes No Name of Employer: _____
Supervisor Name: _____ Will you continue working while attending school? Yes No

Education Information

Do you have a high school diploma? Yes No GED
Name and Location of High School: _____
List any secondary education: _____
Have you ever received any type of Federal Aid? Yes No
If yes, Dollar Amount \$ _____ Date: _____ School: _____
Have you ever defaulted on a student loan? Yes No
If yes, please explain: _____

Program Information

Please indicate your program choice (circle):
Cosmetology Hair Design Barber Esthetics Master Esthetics Massage Therapy Manicuring Instructor
Desired Start Date: _____
Have you attended another Cosmetology/Barber/Spa program? Yes No
If yes, what school and dates attended? _____
What program? _____ Hours Completed: _____
Are you still enrolled there? Yes No Are you wanting to transfer? Yes No
Reason for withdrawal and transfer: _____
Are you licensed or have you completed training in any of the above programs? Yes No
If yes, License Number: _____ State Issued: _____ Expiration Date: _____
Why have you chosen to pursue a career in this field? _____

Referral Information

How did you find out about our program at Elite Cosmetology, Barber & Spa Academy? Student Friend
 Internet Ad Other: _____

Will you be receiving assistance from DVR, People for People, Worksource or OIC? Yes No Other: _____

References:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Please read before signing:

I DECLARE UNDER PENALTY OF PERJURY, THAT THE STATEMENTS SUBMITTED BY ME ON THIS ENROLLMENT APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ALL MATERIALS SUBMITTED BY ME FOR THE PURPOSES OF ADMISSION BECOME THE PROPERTY OF ELITE COSMETOLOGY, BARBER & SPA ACADEMY. I UNDERSTAND THAT FALSIFICATION, WITHHOLDING PERTINENT DATA OR FAILURE TO REPORT CHANGE TO THIS APPLICATION MAY RESULT IN MY DISMISSAL FROM THE PROGRAM.

I have read and understand the catalog contents which will become part of my agreement with Elite Cosmetology, Barber & Spa Academy.

Signature of Applicant _____
Date

Please provide the following documents to the office staff at Elite Academy:
 High School Diploma or GED (certified copy of transcript is acceptable)
 ID
 Social Security Card