

APPLICATION FOR ENROLLMENT



COLLEGE OF HAIR DESIGN

PERSONAL INFORMATION

Today's Date: _____
Name: Last: _____ First: _____ Middle: _____ Male Female
Address: Street: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Date of Birth: _____
Soc. Security No. _____ Email: _____

PARENT(S) OR GUARDIAN:

Father: _____ Mother: _____
Address: _____ Address:(if different than father) _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Phone: (____) _____
Place of Employment: _____ Place of Employment: _____
Why did you choose to attend College of Hair Design? _____

HOW DO YOU PLAN TO FINANCE YOUR EDUCATION?

- Cash Federal financial Aid (Loans/Grants)
- Personal Payments to School Applying for Scholarships
- V.A. Benefits Other _____

IN CASE OF EMERGENCY

Name: _____
Relationship: _____
Phone: Work (____) _____
Home (____) _____

PROGRAM CHOICE:

PROGRAM / LOCATION	START MONTHS					
<input type="checkbox"/> COSMETOLOGY (Downtown Campus)	<input type="checkbox"/> February	<input type="checkbox"/> April	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> November	
<input type="checkbox"/> BARBERING (Downtown Campus Only)	<input type="checkbox"/> February	<input type="checkbox"/> April	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> November	
<input type="checkbox"/> ESTHETICS (East Campus Only)	<input type="checkbox"/> January	<input type="checkbox"/> April	<input type="checkbox"/> July	<input type="checkbox"/> October		
<input type="checkbox"/> COSMETOLOGY (East Campus)	<input type="checkbox"/> February	<input type="checkbox"/> April	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> November	

AFTER COSMETOLOGY, I PLAN TO DUAL LICENSE IN: BARBER ARTS DLP (Dual License Program) for an additional seven months.
 ESTHETICS for an additional five months

EDUCATIONAL INFORMATION

High School: _____
City: _____ State: _____ Grad.Year: _____
College(s) attended/attending: _____

APPLICATION FEE

An application fee of \$50.00 must be submitted with this application. I understand that the application fee will be refunded only if the application is not accepted, or if I cancel my enrollment and request my money back, in writing or in person, within three working days of signing this application

Student's Signature: _____
Date: _____

RELEASE OF SCHOOL FILE INFORMATION

I voluntarily give permission to College of Hair Design to release information contained in my permanent file to either prospective employers or for publicity in the public press.

Student's Signature: _____
Date: _____

FOR OFFICE USE ONLY

Application & Fee Received
Date: _____ Amount: _____