

10003] APPLICATION FOR ADMISSION
Academy of Esthetics and Cosmetology 0403-01
 1116 San Fernando Rd. - San Fernando, CA 91340

Personal Data:

Last Name First Name: Middle Initial:

Street Address City State Zip Code

Phone No. Email Soc. Sec.

Birth date Gender Female Male Citizenship US Alien No. A- Other

Personal handicap that may affect your job limitations, if any: Veteran (Active duty in the US Armed Forces): Yes No

As of today, are you: Single Separated Divorced Widowed OR Married/remarried

Number of dependent children that you will support more than 50% between 07/01/18 and 06/30/19

Number of other dependents that live with you now, (other than your children or spouse) and that you provide and will continue to provide more than 50% of their support from 07/01/2018 to 06/30/2019

Race/Ethnicity: (*This information below is required for enrollment statistical reporting to IPEDS, a contractor of the U.S. Department of Education*)

Hispanic/Latino OR American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White (Not Hispanic)

Educational Data: *Diploma, Certificate or Degrees earned that are equivalent and recognized by the United States educational system*

Please read carefully!!

HIGH SCHOOL: (*If needed, use AACRAO for reference in recognized foreign educational levels*)

Check this box **ONLY** if you completed **U.S. High School** or its equivalent

High School Name City

If you have not completed High School or its equivalent, provide last U.S. High School grade completed

Certificate, Diploma or Degrees earned within USA or abroad by the applicant: (*Check as many as applicable*)

Diploma/Certificate/Trade Associate Degree Bachelor Degree Master's Degree Ph.D. Doctorate

Last College/University Attended Graduation Date

Have Received Aid? Yes No If yes, do you owe a refund or defaulted on a loan? Yes No

Family Data and Emergency Contact:

	Father	Mother	Emergency Contact
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State/Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>

How did you learn about this school <input type="text"/>	Referred by: <input type="text"/>
Course of study you plan to enroll <input type="text"/>	Would you enroll <input type="checkbox"/> Full time <input type="checkbox"/> or Part time <input type="checkbox"/>
How soon would you be able to start school? <input type="text"/>	How can we contact you: <input type="checkbox"/> email <input type="checkbox"/> text message
Males ages 18-26: Are you registered with Selective Service? Yes <input type="checkbox"/> No <input type="checkbox"/>	Must be registered for Federal Aid (See the FAO for assistance)
Do you have a felony record? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, (check (if applicable) your eligibility for the State Board Licensing Exam.

I certify that all the information on this form is true and correct to the best of my knowledge. I also understand that if required, I must provide supporting documentation of the information reported.

Applicant's Signature: <input type="text"/>	Date: <input type="text"/>
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