

THE Beauty
INSTITUTE
Application Form

Please fill out this form in its **entirety** and return to the admissions office at The Beauty Institute.

Name _____ Social Security # _____
Last First MI

Address _____
Street City State Zip

Cell _____ E-mail address _____

Drivers License # _____ Birth Date _____
Month Day Year

Employer _____ Phone # _____

Address _____

Are you a U.S. citizen Yes ___ No ___ If no, what is your USCIS # _____

Parent Information

Guardian Name _____ Guardian Name _____

Address _____ Address _____

Phone _____ Phone _____

Employer _____ Employer _____

Spouse Information (if applicable)

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Employer _____

In Case of Emergency, Contact

Name _____ Phone _____

Relationship _____

Do you have any medical conditions? _____

Allergies? _____ Pregnant? _____

Education

High School Diploma: Yes ___ No ___ If yes, Name of High School _____

Year Graduated _____ Highest grade completed in High School: (Circle One) 8th 9th 10th 11th 12th

GED Certificate: Yes ___ No ___ Date taken _____ Location _____

Highest Level of Education: (Circle One) High school Some College College Degree Assoc/Bach Technical School

Please bring in a copy of your high school / GED transcripts for our admissions department.

Enrollment Information

Which program do you plan on enrolling in?

Cosmetology _____ Instructor Training _____

Full Time _____ Part Time _____ Class starting date _____

Additional Education

Have you ever been enrolled in a Cosmetology School before? Yes ___ No ___

If yes, complete the information below

School Name _____

Address _____
Street City State Zip

Dates attended: From _____ to _____

How many hours did you complete? _____ **Please provide a transcript**

I give permission for the staff at The Beauty Institute to contact any of the above contacts I have provided on my admissions application. I attest that the information above is true and correct

Signature _____ Date _____

Return your completed application to the Admissions Department at The Beauty Institute.
To schedule your appointment call 989-349-5026 or contact admissions at thebeautyinstitutemi@yahoo.com

Do not fill in, To be completed by Admissions:

Seen by _____ Date _____

Application _____
High School Diploma/GED copy _____
Driver's License picture _____
Course Date requested _____
Registration Fee _____

Comments _____

