

HAIR ACADEMY

SCHOOL OF BARBERING & BEAUTY

1013 S. College Avenue Newark, DE 19713

Enrollment Application

Please fill out this entire application, once received and reviewed you will be scheduled for a pre-enrollment interview with our admissions office.

Personal Information

Full Name:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Gender: _____ Marital Status: _____ U.S. Citizen? Yes No

Are you a Veteran: _____ If yes, what branch? _____

Please list any physical disabilities Hair Academy should be aware of:

Please list any learning disabilities Hair Academy should be aware of:

Please list any accommodations you would need, if any:

General Information

Name of Spouse: _____ Spouse Phone: _____

Spouse Email: _____

Spouse Address (write N/A if same as listed above): _____

Name of Parent (If under 18): _____ Parent Phone: _____

Parent Email: _____

Parent Address (write N/A if same as listed above): _____

Admissions Information

Please check all of the following that apply:

Barber Program Cosmetology Program Instructor Program

Full Time Part Time

Transfer Student Hours Needed: _____

If you are a transfer student, where did you obtain your hours?

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Do you have any prior experience? Explain.

Have you ever been convicted of any crime, felony, or drug related offenses? If yes, please explain in full: Yes No

Will you need financial assistance? Yes No

How did you find out about Hair Academy? Please explain.

Education Information

In order to be eligible for enrollment at Hair Academy, you must have a High School diploma, GED, or its equivalent; please select what applies to you:

High School Diploma GED Other (please explain)

Where did you receive your diploma, GED, or its equivalent?

When did you receive your diploma, GED, or its equivalent?

If you continued your education beyond high school, continue below.

College/Trade School:

Date Attended:

Degree:

Certificate:

Military Service:

Dates Entered/Discharged:

Employment History

Current Employer:

Address:

Position:

Date Started:

Supervisor:

Phone Number:

Approximate hours worked weekly:

Previous Employer:

Address:

Position:

Dates of Employment:

Supervisor:

Phone Number:

Reason for Leaving:

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References

1.) Name:	Relation:	Years Known:
Email:	Phone Number:	
Address:		
2.) Name:	Relation:	Years Known:
Email:	Phone Number:	
Address:		
3.) Name:	Relation:	Years Known:
Email:	Phone Number:	
Address:		

Please explain why you would like to attend Hair Academy School of Barbering & Beauty and how you feel you can benefit from the program.

I, _____, certify the information that I have given is true and correct. I am aware that submitting an application to Hair Academy School of Barbering & Beauty does not guarantee admissions into a program.

Signature of Applicant **Date**

Signature of Parent/Guardian (If applicant is under 18) **Date**

- When submitting your application, please also submit the following:**
- ❖ Copy of your Social Security card.
 - ❖ Copy of your state or government issued photo ID
 - ❖ Official high school transcript or diploma or GED transcript.

Once we have received all of your documents, our admissions office will call to schedule your pre-enrollment interview.