

# HAIR ACADEMY

## SCHOOL OF BARBERING & BEAUTY

160 Pencader Plaza 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.

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

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Will you need financial assistance? Yes  No

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

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### 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?

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

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

College/Trade School:

Date Attended:

Degree:

Certificate:

Military Service:

Dates Entered/Discharged:

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### Employment History

Current Employer:

Address:

Position:

Date Started:

Supervisor:

Phone Number:

Approximate hours worked weekly:

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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.**

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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.**