



DESIGNING BEAUTY ACADEMY

Education for Hairstylists, Nail Technicians and Estheticians

ACADEMY APPLICATION

General Information

Student's Name _____

Current Address _____
Street

City _____ State _____ Zip Code _____

Permanent Address _____
Street

City _____ State _____ Zip Code _____

Social Security Number _____--____--_____

Date of Birth _____

Home Phone (____) _____ Business/Cell Phone (____) _____

Email Address _____

Name of High School Attended _____

Graduated Yes No Year Graduated (if applicable) _____

Year GED received (if applicable) _____

Drivers License/ID Number _____ State issued _____

Program(s) interested in (check all that apply):

Hair Styling Esthetician Manicuring/Nail Technician

When did you want to begin classes? _____

Where did you hear about us? _____



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A C A D E M Y

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This is an application for enrollment and not a guarantee acceptance into the Academy. Once the student is accepted into the Academy, the student and guardian (if applicable) will sign an enrollment agreement and student guidelines. By signing this application you are agreeing that all the information you have supplied is true and accurate to the best of your knowledge.

Student Signature

Date

Guardian Signature (if applicable)

Date

Academy's Licensed Agent

Date