LADYSMITH BARBER ACADEMY

APPLICATION AGREEMENT

How to Apply:

1. Complete this application form and return it along with a copy of your birth certificate and high school diploma or G.E.D.
2. Sign the application form and pay the registration fee.

FIRST NAME_____ MI_____LAST NAME_____
ADDRESS_____
HOME TELEPHONE_____CELL PHONE_____
EMAIL ADDRESS_____
SSN_____DOB_____ DL#_____

Select the starting date you are interested in:_____

ELIGIBILITY REQUIREMENTS

DO YOU HAVE PHYSICAL OR EDUCATIONAL CHALLENGES (If yes please explain)?_____
_____
_____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? (If yes, please attach a written explanation including the state in which the offense happened, the nature of the offense and action taken. The Academy seeks for full disclosure to advise students of potential state licensing denial. The information is kept in student's confidential file.) _____
_____
_____

EDUCATION

NAME AND LOCATION OF HIGH SCHOOL:_____
YEAR OF GRADUATION: _____
COLLEGE EXPERIENCE? _____
DO YOU HAVE ANY BARBER EXPERIENCE? _____

EMPLOYMENT INFORMATION

DO YOU CURRENTLY HAVE A JOB?_____
WILL YOUR JOB SCHEDULE AFFECT YOUR SCHOOLING?_____
IF UNEMPLOYED WILL YOU NEED TO WORK DURING SCHOOLING?_____

LADYSMITH BARBER ACADEMY

IF SO, WILL IT AFFECT YOUR SCHOOLING?_____
AFTER ENROLLMENT ARE YOU WILLING AND ABLE TO MAKE A SERIOUS COMMITMENT FINISHING?_____

HOW DID YOU HEAR ABOUT LADYSMITH BARBER ACADEMY?_____

In connection with my application with Ladysmith Barber Academy I understand that the consumer report, which may contain public records information, is being requested.

SIGNATURE:_____DATE:_____