

SUFFOLK BEAUTY ACADEMY

ENROLLMENT APPLICATION

DATE _____

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

(CITY) (STATE) (ZIP)

TELEPHONE: Home _____ Cell _____ S.S. # _____

DATE OF BIRTH ___/___/___ # OF DEPENDENTS _____

MARRIED _____ SINGLE _____ DIV./SEPARATED _____ WIDOWED _____

H. S. DIPLOMA _____ GED _____ H.S. TRANSCRIPT _____ ATB EXAM _____

PRIOR COLLEGE OR TECHNICAL SCHOOL TRAINING/YEARS _____

STUDENT LOANS _____ PELL GRANT _____ STATUS _____

HOW DID YOU HEAR ABOUT SUFFOLK BEAUTY ACADEMY?

T.V. (CH.) _____ YELLOW PAGES _____ INTERNET _____ MAIL _____ OTHER _____

EMERGENCY CONTACT INFORMATION

NAME _____

ADDRESS _____

TELEPHONE# _____

RELATIONSHIP _____

For Office Use Only

REQUIRED INFO: IDENTIFICATION CARD _____ S.S.CARD _____
NON-REFUNDABLE APPLICATION FEE \$50.00 _____
REGISTRATION FEE \$100.00 _____
DIPLOMA/GED/ TRANSCRIPT/ATB _____ INCOME/1040/W2/OTHER _____

FUTURE START DATE ___/___/___ APPT. DATE _____ TIME _____

COMMENTS: _____

