

# LINDSEY INSTITUTE OF COSMETOLOGY

## STUDENT ENROLLMENT APPLICATION

Please provide the following information.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

SS# \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

**\* By providing email address, cell phone & cell phone carrier information, I am authorizing the school to contact me via these methods. \_\_\_\_\_ (Student Initials)**

Race:

- ☐ Alaskan Native
- ☐ American Indian
- ☐ Asian
- ☐ African American
- ☐ Hispanic

- ☐ Non Resident Alien
- ☐ Other
- ☐ Pacific Islander
- ☐ Unknown
- ☐ Caucasian

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Gender: ☐ Female ☐ Male

High School Grad Date: \_\_\_\_\_ If still in high school, what grade level are you currently in? \_\_\_\_\_

High school you attended: \_\_\_\_\_

Education Level:

- ☐ HS Diploma
- ☐ HS Transcript
- ☐ GED
- ☐ College Grad

- ☐ Current HS Student
- ☐ Some Post Secondary
- ☐ Associates Degree

Previous Cosmetology School: \_\_\_\_\_

Address: \_\_\_\_\_ Hours Obtained: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

Drivers License/State ID #: \_\_\_\_\_ State of Drivers License/ID: \_\_\_\_\_ Veteran: ☐ Yes ☐ No

Course: \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No If so when? \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone \_\_\_\_\_

## REFERENCES

### Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Reference 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## APPLICANT'S STATEMENT

In connection with this application for enrollment, I authorize investigation of all statements contained in this application as may be necessary in arriving at an enrollment decision. In making this application for enrollment, I understand that in investigation may be made and information may be obtained through interviews with the personal references listed. This inquiry may include information as to my character, general reputation and personal characteristics, as well as information about my work and school performance and conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry. I also understand the investigation may include a criminal background check.

I certify that this application was completed by me and that all entries on it and all information in it are true and complete to the best of my knowledge. In the event of enrollment, I understand that false, misleading, or omitted information in my application will be grounds for non-admission, or if I am enrolled and discovered later, grounds for termination.

I understand and agree that I am not guaranteed nor am I being offered enrollment by reason of Lindsey Institute of Cosmetology reviewing this enrollment application.

If the student (or parent/guardian) cancels his or her enrollment, in writing, within three working business days of signing the enrollment application but prior to entering classes, all money collected by the school shall be refunded. The postmark on the written notification will determine the date of cancellation or on the date the cancellation is delivered to the school director.

STUDENT SIGNATURE \_\_\_\_\_

STUDENT PRINTED NAME \_\_\_\_\_

PARENT SIGNATURE (if under 18) \_\_\_\_\_

DATE: \_\_\_\_\_