

Jupiter Beauty Academy

95 Freeport St. 2nd & 3rd Floor, Boston, MA 02122
Phone: (617) 288-1811

OFFICE USE ONLY:

Date Received: _____ Received By: _____

Program: _____

STUDENT ENROLLMENT APPLICATION

PERSONAL DATA:

Full Name: (Last) _____ (First) _____ (MI) _____

Address: _____
Street City State Zip Code

_____-_____-_____
Social Security # Phone # E-mail (indicate N/A if none)

Date of birth: ____/____/____ Gender: __M__ F Citizenship: __US__ Alien A#: _____

Are you a Veteran (US)? __Yes__ No

Marital status: Single __ Married __ Separated __ Divorced __ Widowed __

Housing during enrollment: With parents __ Own place (Renting/Buying) __

Race/Ethnic Group: (Check all that may apply, this information is required for statistical reporting to IPEDS, a contractor of the USDE.)

__1. Asian __2. American/Alaskan Indian __3. Black __4. Hispanic __5. White (not of Hispanic origin) __6. Other

EDUCATIONAL DATA:

Have you completed High School or its equivalent? __Yes__ No

If you have not completed High School or its equivalent, provide last U.S. equivalent grade completed: _____

Certificate, Diploma or Degrees earned by the applicant: (Check all that may apply)

__High School __Diploma/Certificate/Trade __Associate __Bachelor __Master __None

Name of Last School Attended: _____ Completion Date: _____

FAMILY DATA: (Please fill in Family Contact Information if under 18)

	NAME	PHONE NUMBER
Father		
Mother		

EMERGENCY DATA:

NAME	RELATIONSHIP	PHONE NUMBER

1. How did you hear about our school? _____
2. Which program of study are you interested in? _____
3. Due to the physical demands of our industry, do you have any health and/or physical limitations that may preclude you from working in the Cosmetology Industry? No__ Yes__ Please Specify: _____
4. Have you ever been convicted of a felony or misdemeanor in the U.S. or any country or foreign jurisdiction? No__ Yes__ Please Specify: _____

I certify that all information on this form is true and correct to the best of my knowledge. I also understand that I may be required to provide supporting documentation of the information reported.

Applicant's Signature: _____

Date: _____