

Unlimited Cosmetology School

To be completed by the student

Date: _____

APPLICATION FOR ENROLLMENT

This is a confidential questionnaire and represents no obligation on your part or ours. Your answers to the following questions will assist us in determining your aptitude for the specified training.

(PLEASE PRINT)

Course applying for: ☐ Cosmetology ☐ Cosmetology Instructor ☐ Manicure ☐ Brush-Up

Last Name _____ First Name _____ MI _____
Maiden Name _____ Spouse's First _____ MI _____
Social Security# _____ Date of Birth _____
Entry Date _____ Age _____
Home Address _____ City _____ ST _____ Zip _____
Mailing Address _____ City _____ ST _____ Zip _____
Cell Phone _____ U.S. Citizen? ☐ Yes ☐ No Race _____
Home Phone _____ ☐ Male ☐ Female Marital Status _____ Dependents _____
Driver's License Number _____ State of Driver's License _____
May we contact you by Email? ☐ Yes ☐ No Email Address _____
Will you be living with your parent(s) while in attendance at Unlimited Cosmetology School? ☐ Yes ☐ No

Highest Grade Completed: _____

Have you ever attended College? ☐ Yes ☐ No If yes, did you earn a Degree? ☐ Yes ☐ No If yes, what type of degree did you earn? _____

ARE YOU NOW OR HAVE YOU EVER ATTENDED:

- ☐ COSMETOLOGY SCHOOL? ☐ COSMETOLOGY INSTRUCTOR TRAINING SCHOOL?
☐ MANICURING SCHOOL? ☐ BRUSH-UP SCHOOL?

Parents'/Guardians' Name _____
Address _____ City _____ State _____ Zip _____
Telephone Number _____
Parents Employer's Name _____
Employer's Address _____ City _____ State _____ Zip _____
Employer's Telephone _____

Brothers and Sisters over 18 not living at home (List married name of sisters):

Name _____ Phone# _____
Name _____ Phone# _____

Personal References:

Name _____ Phone# _____
Name _____ Phone# _____

What obstacles might prevent you from achieving excellent attendance and academic performance?

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What are your long-term career goals?

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, FELONY, OR MISDEMEANOR (OR ENTERED A PLEA OF 'NOLO CONTENDERE') OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ YES ☐ NO

If YES, please list each conviction below as follows: (a) actual crime for which convicted, (b) date of conviction, (c) city/county in which convicted, and (d) sentence received

I UNDERSTAND THAT I MUST SUPPLY UNLIMITED COSMETOLOGY SCHOOL A COPY OF EACH OF THE FOLLOWING PRIOR TO STARTING CLASS: THIS COMPLETED APPLICATION, HIGH SCHOOL DIPLOMA OR GED (OR EQUIVALENT), COPY OF DRIVER'S LICENSE/BIRTH CERTIFICATE, AND COPY OF SOCIAL SECURITY CARD. **(Please Note: Foreign high school diplomas must be translated into English, evaluated and verified (Notary is not acceptable) that it is the equivalent of a United States High School Diploma.)** Please see school admin office for acceptable verification companies.

SIGNATURE _____ DATE _____

PRE-ENROLLMENT ACKNOWLEDGEMENTS

1. Receipt of School Catalog Acknowledgment:

It is the policy of Unlimited Cosmetology School that every potential and attending student receives our school catalog— in print or electronically—that contains curriculum information and school policies and procedures. NOTE: The most current school catalog is posted on the school website and available to anyone. I understand and acknowledge that a copy of Unlimited Cosmetology School's Student Catalog—in print or electronically— has been made available to me.

Signature _____ Date _____

2. Annual Report Statistics Acknowledgment:

Please Initial: _____ Unlimited Cosmetology School has made available the current Annual Report Statistics.

3. Retention of Records Acknowledgment:

Please Initial: _____ Any records for potential students who decide not to attend will be retained for period of 1 year. After that, records will be destroyed.

4. Class Cancellation Acknowledgment:

Please Initial: _____ I understand that Unlimited Cosmetology School reserves the right to cancel the class.

Please tell us how you heard about Unlimited Cosmetology School?

☐ Word of mouth/friend ☐ Television ☐ Internet ☐ Advertisement

☐ Other – please explain _____

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Financial Aid Form

Student Name _____ SSN _____

Address _____ City _____ ST _____ ZIP _____

Phone #: _____ Date enrolled _____

High School Graduate? Yes No Date of high school graduation: _____

Name of High School _____ Address _____

College Grad? _____ Transfer Student? _____ Attended when? _____

Have you ever attended college? Yes No List below the colleges attended.

Name of college _____ Dates attended _____

Name of college _____ Dates attended _____

Will you be living with a parent while attending here? Yes No If yes, please give name, address and telephone number of parent(s).

CERTIFICATIONS

I am requesting financial assistance for training. I have completed the FAFSA form as part of this application. By initialing here, I am giving permission for the school to use any proceeds from Title IV awards for any expenses incurred by me while in attendance which includes training, kits, books and fees. I wish to be considered for:

_____ Any eligible grant program.

I will use all Title IV proceeds only for expenses related to study at this school. All information submitted by me or on my behalf on this form or on the FAFSA application is true and correct and no representative, employee or consultant of the school influence me in terms of the content therein and that no other person as mentioned above is to be held responsible for this information. I understand the penalties listed on the FAFSA for purposely providing false information. I do not owe a refund on any Title IV program and am not in default on any Federal Student loan at any school.

_____ I have had no drug convictions while receiving past financial aid.

Student

Date

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EMERGENCY MEDICAL INFORMATION

In the case that _____ becomes ill or is injured, medical treatment by qualified individuals is authorized.

EMERGENCY CONTACTS:

Contact Person #1: _____ Phone: _____
(Please Print)

Contact Person #2: _____ Phone: _____
(Please Print)

Family Doctor: _____ Phone: _____

Do you have any physical condition which may limit your ability to perform the training applied for?

Yes No If yes, please explain: _____

Indicate special medical problems or drug allergies: _____

List any medications your are currently prescribed:

Date of last tetanus shot: _____

Hospital Preferred: _____ Phone: _____

Medial Insurance Company: _____

Insurance Group Number: _____

Student Signature

Date

Parent/Guardian Signature, if applicable

Date

Revised July 1, 2018