

Admission Application

Please complete and submit the entire application packet. Incomplete application packets will be returned to you and will delay the decision on your acceptance.

Name: _____
Last name First name Preferred first name M.I. Maiden

Mailing address: _____
Number & street City State Zip Code

Permanent Address: _____
Number & street City State Zip Code

Telephone: (_____) _____ Cell phone: (_____) _____

Email: _____ Social media: _____

Gender: ☐ Male ☐ Female

Nearest Relative: ☐ Father ☐ Mother ☐ Guardian ☐ Spouse/Partner

Name Address City, State, Zip Phone

Have you ever been convicted of a felony? YES OR NO

☐ New Applicant ☐ Former Student ☐ Transfer If a transfer, from which school? _____

(TRANSFER STUDENTS ONLY) How many hours do you currently have? _____

How soon would you like to begin class? _____ Anticipated Start Date? _____

Which program are you interested in? ☐ Eyelash Extensions ☐ Esthetics ☐ Permanent Makeup ☐ Microblading

Do you plan to be a: ☐ Full-time student ☐ Part-time student

Which schedule are you interested in? ☐ Days ☐ Evenings

Do you have reliable transportation? ☐ Yes ☐ No Do you work? ☐ Yes ☐ No If yes, where? _____

List the last high school you attended and your status when you left (i.e., Grad, GED, Withdrew). **List all other educational institutions you have or are attending. (Please provide accurate information)**

	Name of Institution, City, State	From(mo/yr)	To(mo/yr)	Diploma/GED/Degree (Date)
High School:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

College:	_____	_____	_____	_____
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Have you been suspended or dismissed from any cosmetology school or college for academic, attendance or disciplinary reasons? ☐Yes ☐No **(this can alter approval if not truthful)**

If yes, explain: _____

To provide you the best education, please let us know if you have an IEP or Special Education plan so we can make accommodations for your State Board Exam. ☐Yes ☐No

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

2. How did you hear about All About Beauty Academy? _____

3. Why did you choose All About Beauty Academy? _____

Admission Policy

- All prospective students must complete an Admissions application and return it to campus location.
- Applications received from an applicant with a felony conviction will be further reviewed by the school's owner, director, and staff.
- Submitting an application does not guarantee admission.
- All About Beauty Academy reserves the right to approve or deny admission based on information gathered from the Admissions Application, during conversations with prospective students or friends and family members of prospective students (on the phone or in person), letters written by or on the behalf of a prospective student, or any other form of communication.
- All About Beauty Academy teaches all courses in English only. If English is not the primary language of a prospective student, they will be required to take Admissions Exam and must pass the exam with a minimum of 75%. All About Beauty Academy does not have courses available in Spanish or Vietnamese.

I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application, or dismissal from All About Beauty Academy if later discovered. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (diploma, official transcripts, down payment, etc.) to be received by the Admissions Office AT THE TIME OF MY ENROLLMENT.

Applicant Signature: _____ Date: _____

For Office Use Only:

Date application received: _____

Emergency Contact Information:

Name (First, Last): _____

Relationship to students: _____

Phone (home): _____

Phone (work): _____

Phone (cell): _____