

Schilling-Douglas School of Hair Design

Application for Admission 10-2020

STUDENT INFORMATION (please print)	
Name:	Social Security #: - -
Telephone #: () -	Work #: () - Date of Birth: / /
Email:	Mobile Telephone #: () -
Mailing Address:	City: State: Zip:
Are You a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Marital Status: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Race:
Legal Dependents (children)? <input type="checkbox"/> YES <input type="checkbox"/> NO	# of Dependents: Ever Convicted of Any Crime? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NON U.S. CITIZENS ONLY Are You a Permanent Resident of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Alien Registration #: Please provide a copy of your registration card	
Do You Have: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> H.S. Equivalent <input type="checkbox"/> Home School Completion Credential?	
Are You Still Attending High School? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is your current grade level?	
Name of High School or GED Program:	Date Graduated/Completed: / /
Please provide your High School Transcript or a copy of your GED	
Do You Have A Bachelor Degree? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please provide Driver License or Birth Certificate or State ID to verify age.
Please List All Colleges and Post Secondary Schools Attended: (please use back of form if additional space is needed)	
School:	Year: School: Year:
School:	Year: School: Year:
CURRENT EMPLOYMENT INFORMATION (if applicable)	
Name/Company:	Telephone #: () - Date Employed: / /
Position Held:	Please List Prior Types of Employment:
PROGRAM INFORMATION (program desired, circle selection) Cosmetology Barbering Nail Technology Teacher Training I Teacher Training II Shaving	
Are You Interested in Federal Student Aid? <input type="checkbox"/> YES <input type="checkbox"/> NO	Anticipated Start Date: (month/year) /
Desired Schedule: FULL-TIME or PART-TIME	Are You a Transfer Student? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, # of Hours:
FAMILY REFERENCE /EMERGENCY CONTACT (please provide 2 <u>complete</u> references with different addresses)	
Name:	Name:
Address:	Address:
Tele. #: () -	Tele. #: () -
Relationship:	Relationship:
"I hereby affirm that the answers to the above questions are to the best of my knowledge true and correct. I understand that if any false information is discovered, my application may be rejected. I agree to conform to the rules and regulations set forth by the Schilling-Douglas School of Hair Design as well as any amendments that may occur during my period of enrollment." Schilling-Douglas School of Hair Design is an equal opportunity school and does not discriminate on the grounds of race, color, religion, marital status, gender, gender expression, sexual orientation, national or ethnic origin, age, handicap, disability, military or veteran status.	
Applicant Signature:	Parent/Guardian Signature (if minor):
Date:	Date: