

Simply Styling School of Cosmetology

Application for Admission

Name: _____ DOB: _____ SSN#: _____

Mobile #: (____) _____ Work #: (____) _____ email: _____

Mailing Address: _____

City/State/Zip: _____

Marital status: _____ Sex: M _____ F _____ U.S citizen: **Yes** or **No**

Education

Do you have a: **High School Diploma** **GED** If so, please provide a copy of each document.

Please list all colleges and post-secondary schools attended:

School: _____ Date Completed: _____ Degree: _____

School: _____ Date Completed: _____ Degree: _____

Course of study: _____

Course of study: _____

Apprenticeship Location (must be complete)

Name of Location: _____ Phone #: _____

Address: _____

Name: _____ License # _____

(circle one) Instructor cosmetologist or barber cosmetologist barber

Apprenticeship training applying for (circle one) Cosmetology Barbering

Apprentice Name: _____ License# _____

State apprenticeship start date: _____ end date _____

Emergency Contact Information (please complete all information)

Name: _____ **Phone#:** _____ **Relationship:** _____

Name: _____ **Phone#:** _____ **Relationship:** _____

I hereby affirm that the answers o 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 your States Board of Cosmetology and Barbering.

Apprentice Signature: _____ Date: _____