

Application for Enrollment

Personal Information



COLLEGE
OF HAIR DESIGN

Today's Date: _____
Name: Last: _____ First: _____ Middle: _____ Male Female
Address: Street: _____ City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____ Date of Birth: _____
Soc. Security No. _____ Email: _____

Parent(s) or Guardian:

Father: _____ Mother: _____
Address: _____ Address: (if different than father) _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Phone: (_____) _____
Place of Employment: _____ Place of Employment: _____
Why did you choose to attend College of Hair Design? _____

How do You Plan to Finance Your Education?

- Cash Federal financial Aid (Loans/Grants)
 Personal Payments to School Applying for Scholarships
 V.A. Benefits Other _____

In Case of Emergency

Name: _____
Relationship: _____
Phone: Work (_____) _____
Home (_____) _____

Program Choice:

Program / Location	Start Months
<input type="checkbox"/> Cosmetology (Downtown Campus)	<input type="checkbox"/> February <input type="checkbox"/> April <input type="checkbox"/> June <input type="checkbox"/> September <input type="checkbox"/> November
<input type="checkbox"/> Barbering (Downtown Campus Only)	<input type="checkbox"/> February <input type="checkbox"/> April <input type="checkbox"/> June <input type="checkbox"/> September <input type="checkbox"/> November
<input type="checkbox"/> Esthetics (East Campus Only)	<input type="checkbox"/> February <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> September <input type="checkbox"/> November
<input type="checkbox"/> Cosmetology (East Campus)	<input type="checkbox"/> January <input type="checkbox"/> March <input type="checkbox"/> June <input type="checkbox"/> August <input type="checkbox"/> October

After Cosmetology, I plan to Dual License in: Barber Arts DLP (Dual License Program) for an additional seven months.
 Esthetics for an additional five months

Educational Information

High School: _____
City: _____ State: _____ Grad. Year: _____
College(s) attended/attending: _____

Application Fee

An application fee of \$25.00 must be submitted with this application. I understand that the application fee will be refunded only if the application is not accepted, or if I cancel my enrollment and request my money back, in writing or in person, within three working days of signing this application

Student's Signature: _____
Date: _____

Release of School File Information

I voluntarily give permission to College of Hair Design to release information contained in my permanent file to either prospective employers or for publicity in the public press.

Student's Signature: _____
Date: _____

For Office Use Only

Application & Fee Received

Date: _____ Amount: _____