



Application for Enrollment

Personal Information:

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Social Security No _____

Birthdate _____ E-Mail _____

Driver's License No _____ (State) _____ Place of Birth _____

Emergency Contact _____ Phone _____

Are you Right Handed _____ Left Handed _____

If Under 18:

Parent(s) Names _____ Phone _____

Address _____

City _____ State _____ Zip _____

Continued...

Education:

High School _____ Graduation Date _____

Number of years completed _____

College _____ Graduation Date _____

Number of years completed _____

Course of Study _____

Other Education _____

Employment/General Information:

Current Employer _____ From _____ To _____

Work Schedule _____

Previous Employer _____ From _____ To _____

Have you ever been convicted of a crime? _____ If so, please Are explain _____

(May use back if needed to continue)

Please refer to the A.B.A handbook for policy's regarding refunds, attendance, and all other student information.

Applicant Signature _____ **Date** _____

Directors Signature _____ **Date** _____

**Thank you for your interest in attending the
American Barber Academy.**