



## 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 \_\_\_\_\_

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**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(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.**