



STUDENT ENROLLMENT APPLICATION

A non-refundable registration fee of \$50.00 is due upon submission of this application.

Desired Start Date (check one): January March May July September November Year: _____
 Desired Schedule (check one): Full-time (Tu-Sa 9am-4pm) Part-time (Tu-Fr 9am-1:15pm)

STUDENT INFORMATION -Proof of age required. Financial aid applicants must also provide proof of Social Security Number and U.S. citizenship.

First Name		Last Name	
Address		City/State/ZIP	
Home Phone		Cell Phone	
Email Address		U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No, non-resident alien
Date of Birth		Social Security #	
Ethnicity	<input type="checkbox"/> Black,non-Hispanic <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White,non-Hispanic		
Are you right or left-handed? (determines what shears to order in kit)		<input type="checkbox"/> Right <input type="checkbox"/> Left	

DiGrigoli School of Cosmetology does not discriminate on the basis of race, sex, religion, age, ethnic origin, creed or color.

EDUCATION INFORMATION -Proof of high school completion (or equivalent) required. Certificates of Attainment do not meet this requirement.

Highest Education Level Completed	<input type="checkbox"/> High school <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree		
Year Graduated High School / Earned GED		Have you ever received financial aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Location of High School			

GENERAL INFORMATION -Answers to the following questions are for informational purposes only and have no bearing on acceptance.

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, will your work schedule conflict with your class schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do you have alternate transportation to school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependent children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you have child care available while in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any felony convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long ago did the most recent conviction occur?	___ Yrs. ___ Mos.

How did you hear about our school?

What is the primary reason you've chosen to pursue a career in cosmetology?

What is the primary reason you've chosen our school for your education in cosmetology?

By signing below, I understand that this is an application for enrollment and not a contract for instruction. I also attest that all information provided in this application is true and correct to the best of my knowledge.

Applicant Signature: _____ **Date:** _____