



ACADEMY OF BEAUTY  
LA's Best Kept Secret

3834 MAIN STREET  
CULVER CITY, CALIFORNIA 90232  
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www.TheAcademy.LA

ENROLLMENT APPLICATION

Name: Last First MI.

Street address City State Zip

Phone # E-Mail Address

Date of birth: Age: Birthplace:

Social Security# (if applicable) Sex  Female  Male

Citizenship status:  U.S. Citizen/National  Permanent Resident  International Student  Other(specify)

If asked, can you provide, proof of citizenship or INS permanent residency documentation status?  Yes  No

Alien data: Passport#: Citizenship: Admission Date Expiration date

Driver's license# (if applicable): State: Car lic. #: State:

Marital status:  Single  Married  Separated  Divorced  Widowed

Housing during enrollment:  With parents  Own place (renting/buying)  On campus

Have you ever been convicted of drug related offense?  Yes  No

Number of dependents: List below. (Use additional sheets of paper if necessary)

Name Relationship Age

Name Relationship Age

**Ethnic group** this information is required for statistical reporting to IPEDS. A government contractor of the USDE

1. Black  2. American/ Alaskan Indian  3. Asian  4. Hispanic  5. White (not Hispanic origin)

**Educational data**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 7 8

Did you graduate from high school?  Yes  No

**If asked** can you provide a copy of your high school diploma, or GED certificate or equivalent documentation to the school?

Yes  No  N/A

Last High School attended: City/State:

List all school attended beyond High School. **IF NONE attended, place your initials here**

School: City/State attended from (mm/yy) to

School: City/State attended from (mm/yy) to

Continue to answer the questions on the reverse side of this form

# ENROLLMENT APPLICATION

## EMPLOYMENT EXPERIENCE (IF APPLICABLE)

Current Employer		Position Held		Date of Employment
Street address	City	State	Zip	Phone #

Prior Employer		Position Held		Date of Employment
Street Address	City	State	Zip	Phone #

## FAMILY DATA AND EMERGENCY CONTACT

Name				Relationship
Street Address	City	State	Zip	Phone #

Name				Relationship
Street Address	City	State	Zip	Phone #

Nearest other Relative				Relationship
Street Address	City	State	Zip	Phone #

## CHARACTER REFERENCES (you must provide three (3) complete references who are NOT family members)

Name				
Street Address	City	State	Zip	Phone #

Name				
Street Address	City	State	Zip	Phone #

Name				
Street Address	City	State	Zip	Phone #

I certify that all the information provides in this form is true and correct to the best of my knowledge. I also understand that I may be required to provide supporting documentation of the information reported.

Applicant's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_