



Student Application

Complete this application form and return it along with your other required documents.

<p>Personal Information</p> <p>First Name _____</p> <p>Address _____</p> <p>Home Phone _____ Cell Phone _____</p> <p>Email _____</p> <p>Date of Birth _____ Social Security Number _____</p> <p>Education</p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> GED</p> <p>High School or GED School Name _____</p> <p>School City and State _____ Completion Date _____</p> <p>Student Information</p> <p>How did you hear about AAction Barber and Styling College? _____</p> <p>Preferred Schedule (circle one) Tue-Sat, 9am-3pm OR Tue-Sat, 3pm-9pm</p> <p>Tell us why you'd make the perfect student? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Emergency Contact</p> <p>Name _____ Relationship _____</p> <p>Home Phone _____ Cell Phone _____</p> <p>Address _____</p>
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<p>I certify that all statements on this application are complete and true.</p> <p>Signature _____ Date _____</p>
