

Learn How to Be a Beauty Professional Today

TRI-STATE BEAUTY ACADEMY



APPLICATION FORM

Full Name : Date:

Social Security Number: Email:

Address :

Cell Phone : Cell Phone Provider:

** By providing email address, cell phone & cell phone carrier information, I am authorizing the school to contact me via these methods . _____ (Applicant's Initials)*

Other Schools Attended :

Marital Status: Gender Race:

Educational Level:

Have your relatives or friends attended Tri-State-State Beauty College?

Do you have children? Do you have a childcare plan?

How will you get to school?

Driver's License/State ID # State of Driver's License/ID

Place of Employment: Full Time Part Time Work Hours

Field of Interest: Estimated Start Date:

List reasons why you want to continue your education at our school and how it will benefit you in the future.

How did you find out about Tri-State Beauty College?

Describe Your Post Involvement With The Community And Service ? Yes No

Learn How to Be a Beauty Professional Today

TRI-STATE BEAUTY ACADEMY



REFERENCES

PARENT/GUARDIAN

SPOUSE

NAME:

NAME:

ADDRESS:

ADDRESS:

City/State:

City/State:

PHONE:

PHONE:

IN CASE OF EMERGENCY I

IN CASE OF EMERGENCY II

NAME:

NAME:

ADDRESS:

ADDRESS:

City/State:

City/State:

PHONE:

PHONE:

I understand I can read the Student Handbook/Catalog online 24 hours a day at Tri-Statebeautyacademy.com, there I can find the state of the industry, as well as information on school policies.

APPLICANT'S SIGNATURE

DATE

THANK YOU!