**10003] APPLICATION FOR ADMISSION**

**San Bernandino Beauty College, Inc. 0462-01**

600 N. Sierra Way - San Bernardino, CA 92410

**Personal Data:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name** |  | **First Name:** |  | **Middle Initial:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Street Address** |  | **City** |  | **State** |  | **Zip** **Code** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Phone No.** |  | **Email** |  | **Soc. Sec.** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Birth date** |  | **Gender** | 🞎 Female🞎 Male | **Citizenship** | 🞎 US 🞎Alien No. A-\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Other \_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Personal handicap that may affect your job limitations, if any: |  | Veteran (Active duty in the US Armed Forces): | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| As of today, are you:  | 🞎 Single 🞎 Separated 🞎 Divorced 🞎 Widowed **OR** 🞎 Married/remarried |

|  |  |
| --- | --- |
| Number of dependent children that you will support more than 50% between 07/01/17 and 06/30/18 |  |

|  |  |
| --- | --- |
| **Number of other dependents that live with you now, (other than your children or spouse) and that you provide and will continue to provide more than 50% of their support from 07/01/2017 to 06/30/2018** |  |

|  |
| --- |
| Race/Ethnicity: (*This information below is required for enrollment statistical reporting to IPEDS, a contractor of the U.S. Department of Education*) |

|  |  |  |
| --- | --- | --- |
| 🞎 Hispanic/Latino | **OR** | 🞎 American Indian or Alaska Native 🞎 Asian 🞎 Black or African American Native Hawaiian or Other Pacific Islander 🞎 White (Not Hispanic)  |

**Educational Data:** *Diploma, Certificate or Degrees earned that are equivalent and recognized by the United States educational system*

 Please read carefully!!

|  |
| --- |
| **HIGH SCHOOL:** *(If needed, use AACRAO for reference in recognized foreign educational levels)***Check this box ONLY if you completed U.S. High School or its equivalent** 🞎 High School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you have not completed High School or its equivalent, provide last U.S. High School grade completed \_\_\_\_\_\_\_\_ |
| **Certificate, Diploma or Degrees earned within USA or abroad by the applicant:** *(Check as many as applicable)*🞎 Diploma/Certificate/Trade 🞎 Associate Degree 🞎 Bachelor Degree 🞎 Master’s Degree 🞎 Ph.D. Doctorate  |
| Last College/University Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_ |
|  Have Received Aid? 🞎 Yes 🞎 No If yes, do you owe a refund or defaulted on a loan? 🞎 Yes 🞎 No  |

**Family Data and Emergency Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Father | Mother | Emergency Contact |
| Name |  |  |  |
| Address |  |  |  |
| City/State/Zip |  |  |  |
| Phone |  |  |  |
| Email |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| How did you learn about this school |  | Referred by: |  |
| Course of study you plan to enroll |  | Would you enroll  | Full time 🞏 or Part time 🞏 |
| How soon would you be able to start school? | How can we contact you: | 🞏 email 🞏 text message  |
| Males ages 18-26: Are you registered with Selective Service? | Yes 🞏 No 🞏 | Must be registered for Federal Aid (See the FAO for assistance) |
| Do you have a felony record? | Yes 🞏 No 🞏 | If yes, (check (if applicable) your eligibility for the State Board Licensing Exam. |
| **I certify that all the information on this form is true and correct to the best of my knowledge. I also understand that if required, I must provide supporting documentation of the information reported.** |
| **Applicant's Signature:** |  | **Date:** |  |