

THE HAIR NAIL & SKIN INSTITUTE

STUDENT REGISTRATION AND INFORMATION FORM

You must submit a \$100.00 Admission Fee to register. This fee is refundable in the event that you are not accepted for admission.

First Name: _____ Middle Initial: _____ Last Name: _____

SS# _____ Drivers license # _____ State _____ Exp. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Current Age: _____ Cell Phone Provider: _____

Emergency contact _____ Phone: _____ Relationship _____

Are you a citizen of the United States of America? _____

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

Race:

- Alaskan Native
- American Indian
- Asian
- African American
- Hispanic

- Non Resident Alien
- Other
- Pacific Islander
- Unknown
- Caucasian

Marital Status: Single Married Divorced Widowed Gender: Female Male

High School Grad Date: _____ If still in high school, what grade level are you currently in? _____

Education Level:

- HS Diploma
- HS Transcript
- GED
- College Grad
- Current HS Student
- Some Post Secondary
- Associates Degree

How Did You Hear About Us? _____

Drivers License/State ID #: _____ State of Drivers License/ID: _____ Veteran: Yes No

Course: Cosmetology Instructor Esthetics Start date: _____

Please explain why you want to pursue a career in the Beauty Industry: Your goals, motivations, talents and

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REFERENCES

Parent/Guardian

Name: _____

Address: _____

City: _____ State: _____

Phone: (_____) _____ Zip: _____

Cell Phone: _____

Reference 2

Name: _____

Address: _____

City: _____ State: _____

Phone: (_____) _____ Zip: _____

Cell Phone: _____

Reference 3

Name: _____

Address: _____

City: _____ State: _____

Phone: (_____) _____ Zip: _____

Cell Phone: _____

Reference 4

Name: _____

Address: _____

City: _____ State: _____

Phone: (_____) _____ Zip: _____

Cell Phone: _____

Reference 5

Name: _____

Address: _____

City: _____ State: _____

Phone: (_____) _____ Zip: _____

Cell Phone: _____

Reference 6

Name: _____

Address: _____

City: _____ State: _____

Phone: (_____) _____ Zip: _____

Cell Phone: _____

STUDENT SIGNATURE _____

STUDENT PRINTED NAME _____

PARENT SIGNATURE (if under 18) _____

Cosigner Signature _____

DATE: _____