

## Enrollment Application

**\$50.00 Application fee and Proof of Education must accompany application.**

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle/Maiden

Address: \_\_\_\_\_  
Street City State Zip

Sex (M/F): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Are you a US Citizen: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Dependents: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### EDUCATION:

Where did you graduate or last attend high school?

High School Attended: \_\_\_\_\_ Location: \_\_\_\_\_

Did you graduate (Yes/No): \_\_\_\_\_ Year Graduated: \_\_\_\_\_ GED: \_\_\_\_\_

If "yes," we need a copy of your diploma. If "no," we need certified transcripts from your high school or a copy of a GED.

### EMPLOYMENT:

Are you currently employed? (Yes/No): \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_ Location: \_\_\_\_\_

### ENROLLMENT at LeGrand Institute of Cosmetology:

When would you like to start classes? \_\_\_\_\_

How did you hear about our program? (Newspaper, Yellow Pages, Friend, Website, Other) \_\_\_\_\_

I hereby certify, by my signature below, that all statements made on this application are true and correct to the best of my knowledge. I further understand that I will furnish all other information necessary to process my application for enrollment at LeGrand Institute of Cosmetology. I have received a copy of the school catalog at the time of my interview.

Signature: \_\_\_\_\_