



Please fill out completely

Student Information

1. Full Legal Name

Last (Family): _____

First: _____

2. Date of Birth: Day: _____ Month: _____ Year: _____

3. Social Security Number: _____ / _____ / _____

4. Mailing Address (Foreign address if I-20 is required to attend)

Street or P.O. Box #: _____

City / Town: _____

State/Province: _____ Postal Code: _____

Country: _____

5. Telephone: (_____) - _____ - _____

6. E-mail address: _____ @ _____ . _____

7. Your place of birth

City / Town: _____

State / Providence: _____

Country: _____

8. Are you a U.S. Citizen? (Circle one) Yes No

If No, answer the following:

a. Country of Citizenship: _____

b. Country of Permanent Residence: _____

c. Indicate your current immigration status as of the date you submit this application:
(Check One)

_____ U.S. Permanent Resident or Immigrant

_____ Non-immigrant (see item 11)

If non-immigrant, type of visa you hold, have applied for, or plan to apply for:

Visa Code: _____

Visa Description: _____

Education and Expense Funds: \$ _____ (Over \$16,300, will be verified)

Educational Background

9. Schools and Colleges attended:

All foreign and domestic students must be at least 18 years of age, have proof of a high school diploma or G.E.D and speak English, If you cannot provide the documentation requested, you will be required to take a basic skills test on or prior to your start date.

HIGH SCHOOL (Check one)

_____ I have proof of a high school diploma or equivalent

_____ I have proof of a G.E.D. or equivalent

_____ I do not have any of the above documentation

How will you provide proof of meeting the high school requirement? (Check one)

I will fax a copy of my documentation to the Admissions Office

I will mail a copy of my documentation to the Admissions Office

I do not have the necessary documentation. I will take the basic skills test.

ART SCHOOL

College: _____

Trade School: _____

Additional: _____

Experience

10. Please briefly describe experience you have in:

Make-up: _____

Hair-styling: _____

Art & esthetician: _____

11. Please briefly describe the following:

Areas of Interest: _____

Goals: _____

12. Enrollment Information:

I would like to enroll in _____ Course:

1st Choice Date: Day: _____ Month: _____ Year: _____

2nd Choice Date: Day: _____ Month: _____ Year: _____

I would like to enroll in the school, but need to contact an Administrator about specific classes and dates (Circle one)

Yes

No

13. Employment Goals (Check all that apply)

Fashion Industry

Cosmetic Sales

Photography

Spa

Film/TV

Theater

14. When do you wish to begin? Day: _____ Month: _____ Year: _____

15. Upon graduation, where do you plan to work?

City: _____ State: _____

16. Do you need other housing assistance? (Circle one) Yes No

17. Do you have any health conditions that we should be aware of?

(Circle one) Yes No

Please Explain: _____

18. How did you hear about us? _____