

[10003] APPLICATION FOR ADMISSION
Fredrick and Charles Beauty College 0019-01
831 F Street - Eureka, CA 95501

Personal Data:

Name: _____ (Last) _____ (First) _____ (MI)
 Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)
 Phone No.: _____ Email: _____ SSN: _____
 Date of Birth: _____ Sex: Female Male Citizenship: US Alien No. A- _____ Other
 Handicap that may affect your job limitations, if any: _____ Veteran (US): Yes No
 As of today, are you? Single Married Separated Divorced Widowed No. of dependent children: _____
 Housing during enrollment: With parents Own place (Renting/Buying) On campus

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

Hispanic/Latino or Select one or more: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

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 have completed **U.S. High School** or its equivalent

If you have **not** completed High School or its equivalent, provide last U.S. equivalent grade completed _____

Certificate, Diploma or Degrees earned within USA or abroad by the applicant: (Check as many as applicable)

High School Diploma/Certificate/Trade Associate Bachelor Masters Ph.D.

Last School Attended _____ Last Year Attended or Graduation Date _____

Financial Aid History: Received Aid? Yes No If yes, do you owe a refund or defaulted on a loan? Yes No

Employment Experience:

Name of current or prior employer: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone #)

Position Held: _____ Dates of Employment: from _____ To _____

Rate of Pay: _____ Per Hour Per Week Per Month Reason for Leaving: _____

Family Data and Emergency Contact:

	Father	Mother	Emergency Contact
Name	_____	_____	_____
Address	_____	_____	_____
City/State/Zip	_____	_____	_____
Phone	_____	_____	_____

Personal Reference: (You must provide complete references that are NOT family members)

Name	_____	_____	_____
Address	_____	_____	_____
City/State/Zip	_____	_____	_____
Phone	_____	_____	_____

How did you hear about our school?	_____	Referred by:	_____
What course of study would you be interested in enrolling?	_____	Would you enroll	Full time <input type="checkbox"/> or Part time <input type="checkbox"/>
How soon would you be able to start school?	_____		
Males ages 18-26: Are you registered with Selective Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Must be registered for Federal Aid (See the FAO for assistance)	
Females: Are you expecting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	This question relates to possible job hazards during a pregnancy period	
Do you have a felony record?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please 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:	_____
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