

**[10003] APPLICATION FOR ADMISSION**  
**Northern California Institute of Cosmetology, Inc. 0455-01**  
**601 EAST 14TH STREET - San Leandro, CA. 94577**

**PERSONAL DATA:**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: ☒ MALE ☒ FEMALE CITIZENSHIP: ☒ US ☒ ALIEN NUMBER A- \_\_\_\_\_ ☒ OTHER

HANDICAP THAT MAY AFFECT YOUR JOB LIMITATIONS, IF ANY: \_\_\_\_\_ VETERAN (US ARMED FORCES): ☒ YES ☒ NO

AS OF TODAY, ARE YOU? ☒ SINGLE ☒ SEPARATED ☒ DIVORCED ☒ WIDOWED **OR** ☒ MARRIED NUMBER OF DEPENDENT CHILDREN: \_\_\_\_ ADULTS: \_\_\_\_

RACE/ETHNICITY: (THIS INFORMATION IS REQUIRED FOR ENROLLMENT 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/AFRICAN AMERICAN ☒ NATIVE HAWAIIAN/PACIFIC ISLANDER ☒ WHITE

**EDUCATIONAL DATA:**

☒ HS DIPLOMA ☒ GED HS NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ YEAR: \_\_\_\_\_

CERTIFICATE/DIPLOMA/DEGREES EARNED WITHIN USA: ☒ DIPLOMA/CERTIFICATE/TRADE ☒ ASSOCIATE DEGREE ☒ BACHELOR DEGREE ☒ MASTERS DEGREE ☒ PHD DOCTORATE

LAST COLLEGE/UNIVERSITY ATTENDED: \_\_\_\_\_ LAST YEAR ATTENDED: \_\_\_\_\_

FINANCIAL AID HISTORY: HAVE YOU EVER RECEIVED FINANCIAL AID? ☒ YES ☒ NO IF YES, DO YOU OWE A REFUND? ☒ YES ☒ NO **OR** DEFAULTED ON A LOAN? ☒ YES ☒ NO

**EMPLOYMENT DATA:**

NAME OF CURRENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

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 CODE			
PHONE			
EMAIL			

**PERSONAL REFERENCES:**

	REFERENCE 1	REFERENCE 2	REFERENCE 3
NAME			
ADDRESS			
CITY/STATE/ZIP CODE			
PHONE			
EMAIL			

HOW DID YOU HEAR ABOUT OUR SCHOOL?	REFERRED BY:	
COURSE/PROGRAM OF INTEREST:	<input checked="" type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME	HOURS: W T F S
HOW SOON WOULD YOU BE ABLE TO START SCHOOL?	ANTICIPATED START DATE:	ANTICIPATED END DATE: MONTHS: WEEKS:
MALES AGES 18-26: ARE YOU REGISTERED WITH SELECTIVE SERVICE?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MUST BE REGISTERED FOR FEDERAL AID FEMALES: ARE YOU PREGNANT? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DO YOU HAVE A FELONY RECORD? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, PLEASE CHECK (IF APPLICABLE) YOUR ELIGIBILITY FOR THE STATE BOARD LICENSING EXAM OR SPECIFY HERE:		

**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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