

DESAREE & COMPANY

605-561-1561

SCHOOL OF BEAUTY

www.desareeandcompany.com

ENROLLMENT APPLICATION

CONFIDENTIAL

NAME _____ DATE _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ DOB _____

Social Sec. # _____ Drivers License # _____

Parents and/or Guardian:

Father _____ Mother _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Home # _____ Cell # _____ Home # _____ Cell # _____

IN CASE OF EMERGENCY PLEASE CONTACT: _____

Relationship _____ Phone # _____

Education Information:

High School _____ City & State _____ Yr. Graduated _____

College (s) Attended _____

Highest Level of Education Completed _____

Do you have any learning disabilities or any physical or emotional conditions that could interfere with your abilities to complete this education program or your ability to seek and maintain employment in this field after graduation?

Yes _____ No – If yes, please explain _____

Enrollment Application Continued:

Have you ever been convicted of a crime? Yes No – If yes, please explain: _____

What course are you interested in? Cosmetology Nail Technology Instructor

Why do you choose the Beauty Industry as a career? _____

Please tell us a little about yourself: (i.e. married, children, etc.) _____

When would you like to attend school? _____

How did you hear about Desaree' and Company School of Beauty? _____

Do you need assistance finding housing Yes No

PLEASE READ BEFORE SIGNING

An application fee (\$100.00) and enrollment fee (\$150.00) **must** be submitted with this application. I understand it will be refunded only if the application is not accepted or if I cancel my enrollment and request my money back in writing within 3 business days of signing this Enrollment Application.

I _____ certify to the accuracy and truthfulness of the foregoing statements and do hereby apply for admission to Desaree' and Company School of Beauty.

Signature: _____ Date _____