

Vancouver School of Beauty

114. W. 6th St., Vancouver, WA 98660
(360) 694-5601 Fax (360) 258-2000
www./beautyteacher.net

Application for Enrollment or Employment (application de inscripción y trabajo)

Name (Nombre) _____ Last First Initial	Date _____
Address _____	City/State/Zip _____
SS # _____ / _____ / _____	Home Phone _____ Cell Phone _____

I wish to apply for training in (check appropriate box):

- Cosmetology 1600 Clock hours
- Manicuring 600 Clock hours
- Barber 1000 Clock hours
- Esthetics 600 Clock Hours
- Instructor Trainee 500 Clock Hours

- Must be in attendance no less than 16 hours a week.
- License must be current in Washington State.

Receptionist
Licensed in _____

I am applying for a position as a: _____

Personal Information

Date of Birth: _____	Place of Birth: _____
# of dependent children: _____	* Male () Female () Married () Single () * Information purposes only.

Education (Educación)

Elementary School _____	Dates _____
High School _____	Dates _____
College _____	Dates _____

Cosmetology School* _____

Dates _____

* If you previously attended cosmetology school, how many hours did you accumulate?
You must present your hours, prior to starting at Vancouver School of Beauty.

Financial Arrangements

How do you plan to pay for your tuition and other related charges?

Select a monthly payment date: 15th () 30th ()

- Payments begin 21 days after starting program.
- 5-day grace period. A 10% late fee will be charged if your payments are more than five days pass due.
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Personal References / Emergency Contact

Please list three references that do not live in the same household:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Who can we contact in case of an emergency? _____

Contact's phone number _____

Other

How did you hear about our college?

Yellow Pages () Former Student () Word of Mouth () Current Student ()

For our special student referral fee, please give us the name of the person who referred you at the time you've completed and delivered this application. *Names given after you leave the office will not be accepted!* You can list the name here: _____

Are you presently working? Yes () No ()

Do you have transportation? Yes () No ()

If you have children, are you able to provide childcare while attending school? Your time in school will be better when your children are being take care of.

Be aware that if you were convicted of a felony, the state has the authority to decline or refuse your application for licensure. () please initial.