

Admission Application – Cosmetology Program

EMPLOYMENT (if applicable):

Name of Employer	Telephone Number
Date Employed	Position Held
	Full Time or Part Time

In Case of an Emergency, Who would we contact on your behalf?

1. Name: _____ Address: _____ _____ Phone: _____ Relationship to you: _____	2. Name: _____ Address: _____ _____ Phone: _____ Relationship to you: _____
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What month & year are you planning on beginning the program (circle one):

January	May	September	2008	2010
March	July	November	2009	2011

Will you be transferring from another cosmetology school/program: YES NO

If YES, please note the following: Hours transferring: _____
 Name of pervious school: _____
 Reason for transfer: _____

*Attach a copy of your transcript if you plan on transferring.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF ACCEPTED AS A STUDENT AT PORTSMOUTH BEAUTY SCHOOL, INC., I AGREE THAT DURING SUCH TIME AS I MAY BE ENROLLED AS A STUDENT, I WILL ABIDE BY ALL THE RULES, REGULATIONS, PRACTICES AND POLICIES OF PBS, INC. AS THEY MAY BE AT THE TIME OF ADMISSION OR AS THEY MAY BE CHANGED DURING MY CONTINUANCE AS A STUDENT.

PBS, INC. ADHERES TO THE PRICIPLE OF EQUIAL EDUCATION OPPORTUNITY WITHOUT REGARD TO RACE, HANDICAP, SEX, COLOR, CREED OR NATIONAL ORIGIN. THIS POLICY EXTENDS TO ALL PROGRAMS AND ACTIVIES INVOLVEING OR SUPPORTED BY THE PORTSMOUTH BEAUTY SCHOOL, INC.

Applicant Signature	Date	Parent/Guardian (if under 18 years of age and single)	Date
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Office Use Only

	Date Application Mailed		College Graduate
	Date Returned/Received		Post Secondary Coursework
	Received By (initial)		High School Diploma
	Class Start Date		GED Documentation
			Financial Aid Applicant
			Financial Aid Awarded