

Capri Beauty College – 2024 Cosmetology High School Application

OFFICE USE ONLY

Date Received _____ Applicant Status: _____

Interview Accepted Declined

Completed Application Accepted Declined

Cooperative Chair Certification Accepted Declined

Comments:

⇒⇒⇒Start Here

PERSONAL INFORMATION

Application Fee \$75.00 Cash Credit/Debit Check# _____

Name _____ Preferred Nickname: _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____ E-Mail _____

Phone () _____

SS# _____ I prefer: Right Handed Shears

Cell () _____ Left Handed Shears

Emergency Contact _____ Relationship to You _____

Address: _____ City: _____ Zip: _____

Cell: () _____ Email: _____

HIGH SCHOOL

Name _____

City _____

Counselor's Name _____

Graduation Date _____

CHARACTERISTICS

Tell us about you! Qualities/Talents/Hobbies _____

What extra-curricular activities or employment sites have you enjoyed in during High School:

Briefly explain your interests in the Beauty Field:

What have you achieved in your life that you are most proud of? _____

Do you have family, friends, coworkers, etc. that are willing to book appointments with you in the College's Student Salon and Spa, in order to help you meet completion requirements?

Yes No Not Sure My Concerns: _____

SIGNATURES

Student Signature

Date

Parent or Guardian if Minor Student

Date

Print Your Name

Print Your Name