

**Capri Beauty College – Cosmetology High School – 2025 Application**

*OFFICE USE ONLY*

Date Received \_\_\_\_\_ Applicant Status: \_\_\_\_\_

Interview  Accepted  Declined

Completed Application  Accepted  Declined

Cooperative Chair Certification  Accepted  Declined

Comments:

\_\_\_\_\_  
\_\_\_\_\_

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**PERSONAL INFORMATION**

Application Fee \$75.00  Cash  Check# \_\_\_\_\_ Desired Start Date : August 2025

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 \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**EDUCATION**

High School

Name \_\_\_\_\_

City \_\_\_\_\_

Counselor's Name \_\_\_\_\_

Graduation Date \_\_\_\_\_

**CHARACTERISTICS**

Please Describe Yourself (Qualities/Talents/Hobbies) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What extra-curricular activities have you participated in during High School: \_\_\_\_\_

\_\_\_\_\_

## SHORT ANSWER

Briefly explain your interests in the Beauty Field:

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

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Do you have family, friends, coworkers, etc. that are willing to book appointments with you in our school clinic, in order to help you meet completion requirements?

Yes     No    Not Sure     My Concerns: \_\_\_\_\_

Capri prepares students for the Professional Salon Industry. Customer Service, Retail Sales and adhering to School Dress Code are part of the Program. Do you have any issues or concerns in this area?

Yes     No    Explain: \_\_\_\_\_

## CONTACTS

**Please List two contacts. The first must be a Parent or Guardian**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

## SIGNATURES

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if Minor Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Print Your Name