

## ***Capri Beauty College***

### ***Cosmetology Co-op – 2026 Application***

<i>OFFICE USE ONLY</i>					
Date Received _____		Applicant Status: _____			
Interview	<input type="checkbox"/> Complete		H.S. Chair Certification	<input type="checkbox"/> Approved	
Photo ID	<input type="checkbox"/> Complete		Application	<input type="checkbox"/> Accepted	
Comments:					
<hr/> <hr/> <hr/>					

➡➡➡ Start Here

## PERSONAL INFORMATION

Application Fee \$75.00  Receipt # \_\_\_\_\_ Start Date: August 2026

Name \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

E-Mail \_\_\_\_\_

Cell# ( ) \_\_\_\_\_

---

SS# \_\_\_\_\_

I prefer:

## Left Handed Shears

Emergency Contact \_\_\_\_\_

Relationship to You \_\_\_\_\_

## EDUCATION

## High School

Name \_\_\_\_\_

---

## City

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

## CHARACTERISTICS

Please tell us about yourself (Qualities/Talents/Hobbies)

What extra-curricular activities interest you?

## SHORT ANSWER

Please explain your interest in Cosmetology:

---

---

---

---

## COSIDERATIONS

Do you have family, friends, coworkers, etc. that may help build your appointment book in the Student Salon 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 (   ) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

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

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

## ATTESTATION

You are required to thoroughly read the *Catalog of Policies & Procedures*, and sign your name  
Attesting that you understand the policies and procedures as written. Read, print, sign and  
Attach the Attestation page to this Application. **View & Print Here:**

<https://capri.edu/wp-content/uploads/2025-2026-Catalog-1.pdf>

## Signatures

Student Signature

Date

Parent or Guardian

Date

Print Your Name

Print Your Name