

Capri Beauty College
2027 Cosmetology Co-op Application for Admission

OFFICE USE ONLY

Date Received _____

Applicant Status: _____

Interview ☐ Complete

H.S. Chair Certification ☐ Approved

Photo ID ☐ Complete

Application ☐ Accepted

Comments:

⇒⇒⇒Start Here

PERSONAL INFORMATION

Application Fee \$75.00 ☐ Receipt # _____ Start Date: August 2027

Name _____

Preferred Nickname: _____

Address _____

Date of Birth _____

City _____ State _____ Zip _____

E-Mail _____

Cell# () _____

SS# _____

I prefer: ☐ Right Handed Shears

☐ Left Handed Shears

Emergency Contact _____

Relationship to You _____

Phone () _____

Email: _____

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 are willing to book appointments with you in our school salon, in order to help you meet LEVEL 2 requirements including 10 New Requests / 30 Clients as specified in the Official School Catalog (click link below) for course completion?

☐ 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 understanding the policies and procedures as written. Read, print, sign and Attach the Attestation page to this Application. **View & Print Here:**

[2026-2027 Capri Beauty College Catalog](#)

Signatures

_____ Student Signature	_____ Date	_____ Parent or Guardian	_____ Date
_____ Print Your Name		_____ Print Your Name	