



# Continental Academie

of hair design

## APPLICATION FOR ENROLLMENT

102 Derry Street, PO Box 370

Hudson, NH 03051

Ph.603-889-1614 Fx.603-883-4025

### Required items to be submitted with this Application for Enrollment

- \$75 Application Fee
- Copy of High School transcript, Diploma, or GED
- Copy of Driver's License
- Copy of Social Security Card
- Copy of Birth Certificate
- Two full face photos (2in x 2in)

Application for Enrollment for 1,550 hour COSMETOLOGY Program Class  
 11 Month Program (9am-4:15pm)  or 15 Month Program (9am- 2:30pm)  Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Personal Information

*Please provide us with complete and accurate information. Missing or inaccurate data may lead to errors in processing your application and may lead to a delayed enrollment or rejection of your application.*

Full Name:	Home Phone:	Social Security #:
	Cell Phone:	
Present Address:	City, State, Zip	Years at present address:
Birth date:	Age:	Marital Status:
		Number of Dependent children:

Are you a U.S. Citizen?  Yes  No

E-mail address: \_\_\_\_\_

Will you be applying for financial Aid?  Yes  No

Have you ever received Federal Aid prior to Continental?  Yes  No

### Family Information

Mother's Full Name:	Father's Full Name:
Address:	Address:
City, State, and zip:	City, State, and Zip:
Phone:	Phone:
Occupation:	Occupation:

Please check if your parents are:  Married  Separated  Divorced  Other: \_\_\_\_\_

### Education

<b>High School</b> (include name and location)	Subjects Studied:
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Graduated:
<b>College</b> (include name and location)	Subjects Studied:
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Graduated:
<b>Trade School</b> (include name and location)	Subjects Studied:
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Graduated:

## Employers

In this section, we will ask you for details regarding employment history. Please provide information for at least two (2) employers.

<b>Name of Employer #1</b>	<b>Address:</b> <b>City, State, Zip</b>		
Phone Number:	Years/months employed:	Position:	Hours/week:
<b>Name of Employer #2</b>	<b>Address:</b> <b>City, State, Zip</b>		
Phone Number:	Years/months employed:	Position:	Hours/week:

## Referral Source

How did you learn about Continental Academie?

- |   |  |
|---|--|
| <input type="checkbox"/> Current Continental Academie student _____ | <input type="checkbox"/> Continental Academie Graduate _____ |
| <input type="checkbox"/> Visit to our Student Salon                 | <input type="checkbox"/> Friend/ Relative                    |
| <input type="checkbox"/> Internet/ Website                          | <input type="checkbox"/> High school presentation _____      |
| <input type="checkbox"/> Salon                                      | <input type="checkbox"/> Facebook/YouTube                    |
| <input type="checkbox"/> Other _____                                |  |

## References

Please provide us with two personal references that are not related to you and reside at different addresses

<b>Name of Reference #1:</b>	Phone Number:
Address (include city, state and zip):	Relationship to you:
<b>Name of Reference #2</b>	Phone Number:
Address (include city, state and zip)	Relationship to you:

Why did you decide to enter into the field of Cosmetology? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you left handed or right handed?  Left  Right

**Health Information-** Due to the physical demands of our industry, we ask that you please answer the following questions

Do you have any physical limitations that could hinder you from working in the field of Cosmetology? (Please check all that apply)

- Back Problems  Ankle  Asthma  Arm/Shoulder  Wrist  Leg  Chemical Allergy

If you checked any items above, please explain:

Have you had a serious illness in the past 5 years that may interfere with your cosmetology training?  Yes  No

If yes, explain: \_\_\_\_\_

## CERTIFICATION AND AGREEMENT

**Please read carefully**

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if accepted as a student, falsified statements on this application shall be considered sufficient cause for termination. I am aware that improper conduct or failure to maintain satisfactory progress on academics and attendance may result in a loss of financial aid eligibility and/or dismissal at the discretion of the administrators. I have been to the website [www.ContinentalAcademie.com](http://www.ContinentalAcademie.com) and read and reviewed its contents including the school catalog, consumer disclosure reports, and Financial Aid information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Interview Date \_\_\_\_\_  Application Accepted  Application Denied \_\_\_\_\_  
Signature of Deciding Administrator \_\_\_\_\_