

FILL IN AND EMAIL TO:

→ info@leonsbeauty.com

PERSONAL INFORMATION:

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Social Security No. _____

Birth Date _____ Email address _____

Ethnicity: Please check: Black Non Hispanic American Indian/Alaska Native Hispanic White Non-Hispanic
 Middle Eastern Race/Ethnicity Unknown

Driver's License No. _____ (state) _____ Place of Birth _____

Marital Status: Please check: Single Married Separated Divorced

Spouse's Name _____ No. of Children _____ Ages _____

Spouse's Occupation _____ Work Phone _____

Name of Parent(s) _____ Phone _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____

Emergency Phone _____

EDUCATION

High School _____ Dates attended _____

Graduation Date _____ Number of years completed _____

College/Community College _____ Dates attended _____

Program of study _____ Number of years completed _____

Degree acquired _____

Other education _____

Dates attended _____

Have you ever applied for Financial Aid? Yes _____ No _____

EMPLOYMENT/GENERAL INFORMATION

Current employer _____ From _____ To _____

Position/duties _____

Previous employer _____ From _____ To _____

Position/duties _____

Have you ever been convicted of a crime? _____ If so, please explain _____

Have you ever had an illness that required medical care? _____ When? _____

Please describe _____

Are you presently under a doctors care? _____ If so, please explain _____

Are you currently taking any prescribed medications. If yes, please list: _____

How did you hear about Leon's Beauty School? / Who referred you? _____

Please explain why you are interested in Cosmetology or Esthetics? _____

I am interested in the Cosmetology course beginning (check one) Jan Mar May July
 Sept Nov

I am interested in the Esthetics course beginning (check one) Jan May Sept

Signature _____ Date _____