

STUDENT ENROLLMENT APPLICATION

DEADLINE FOR SUBMISSION: For enrollment in the (Program): _____ Start Date: ____/____/____
deadline for Submission is: ____/____/____. Complete this enrollment application and submit: High School transcripts and/or
GED/HSED, Drivers license, Birth Certificate or Governmental Issued Photo ID. Applications not accompanied by these documents will be
returned to applicant as incomplete and can delay the process for enrollment.

1. GENERAL INFORMATION: please print and complete and submit the entire 2 page application

Name: _____
First Middle Last

Address: _____
Number & Street City State Zip

Telephone Number (____) _____ Cell Phone Number: (____) _____

Nick Name(s): _____ Date of Birth: ____/____/____ Social Security Number: ____/____/____

Gender: Male Female Do you need cutting shears for your: Right Hand Left Hand

Email Address: _____

Nearest Relative: Father Mother Guardian Spouse/partner Other: _____

_____ / _____ / _____ / _____
Name Address City, State, Zip Phone

Are you a US citizen? Yes No If No, are you a U.S Permanent Resident or Eligible Non Citizen? Y / N or Other

Have you ever been convicted of a felony: No Yes If yes, explain: _____

ADDITIONAL INFORMATION

Which best describes your application status? New Applicant Former Panache Academy of Beauty Student Transfer
If transfer, from where? _____ How many hours do you currently have? _____

Which Program are you interested in? Cosmetology Practitioner Barber Aesthetician Manicurist Manager Program
 Instructor Training / Current license you hold for Instructor Training Program: Cosmetology Aesthetician Manicurist Barber
Do you carry a Manager's License: Yes No

When would you like to begin classes:

Cosmetology: January February March April May June July August September October November December
Practitioner

Barber: January February March April May June July August September October November December

Aesthetician: January May October

Manicurist: April September

Instructor Training: January April September

Manager Program: January April August October

Which Academy location would you like to attend: Lake Delton Middleton

Do you have reliable transportation: Yes No

Do you work? Yes No If yes, where? _____

Employment and Military History: List your employment experience (including military service) for the past 12 months.

_____/_____/_____/_____
Employer Street Address City, State, Zip From (Mo./Yr) To (Mo/Yr)

_____/_____/_____/_____
Employer Street Address City, State, Zip From (Mo./Yr) To (Mo/Yr)

_____/_____/_____/_____
Employer Street Address City, State, Zip From (Mo./Yr) To (Mo/Yr)

2. EDUCATION: List the last high school you attended and you status when you left (i.e. Grad, GED, Withdrew). List all other educational institutions you have or are attending. Please be sure to include Panache Academy of Beauty if you have attended in the past.

	Name of Institution, City, State	From (mo./yr.)	To (mo./yr.)	Diploma/GED/degree
High School:	_____	_____	_____	_____
Cosmetology School:	_____	_____	_____	_____
College:	_____	_____	_____	_____

Have you ever been suspended or dismissed from any cosmetology school or college for academic , attendance or disciplinary reasons: Yes No
 If yes, please explain: _____

To provide you the best education, please let us know if you have an IEP or Special Education plan so we can make accommodations for your State Board Exam. Yes No If yes, Please explain: _____

Scholarship(s): Have you been awarded any scholarships that you will be using towards your education? Yes No if yes, indicate the amounts and when you will be awarded the scholarship: _____

Important information:
 Applicants for all programs must be a High School graduate or have the equivalency (G.E.D/H.S.E.D.). Proof of education is required **BEFORE** acceptance to the Academy and completing the Registration/Program Acceptance Form. Proof of graduation includes a high school diploma, high school transcripts or official transcripts, a G.E.D and/or transcripts or official transcripts. Applicants must be eighteen years of age or have contractual permission from his/her parents or legal guardian. Additionally, must be a citizen or national of the United States, or a qualified alien or nonimmigrant lawfully present in the United States. Furthermore, any high school diploma, GED, or transcripts that the Academy determines to be questionable or from a * "Diploma Mill", will be subject to the Academy's policy on determining the validity of diploma, GED, and/or transcripts. The Admissions Director and School Director will make the final decision after taking into account the results of the validation search. Should they find the diploma to be invalid, then the student cannot attend until valid proof of education is obtained.

3. FINANCIAL AID INFORMATION (Because we are mandated to maintain information to Department of Education, we are asking for the following information)

AGE: _____ Nationality: Black or African American Asian White Hispanic / Latino Native American Other: _____
 Marital status: Single Married Divorced Separated Widowed Other: _____ Maiden name (if applicable): _____
 Living with: Self Parent Guardian Spouse/partner Friend Relative other: _____
 Do you have children? No Yes if yes, How many: _____ Ages: _____ _____ _____ _____ _____ How many in college? _____

Have you ever received a Federal Financial Aid student loan: Yes No Do you plan on applying for Student Financial Aid? Yes No
 Information and help with financial assistant or information regarding a payment plan: Yes No

4. QUESTIONS

1. Why will you be a great student at our Academy: _____

2. What obstacles might prevent you from achieving excellent attendance and excellent academic performance? _____

3. How did you hear about Panache Academy of Beauty? _____
4. What traits do you have that will help you succeed in this industry? _____

5. What are your long term career goals? _____

6. Do you want to be employed right after graduating and if so what are you looking for in employment and expected salary? _____

7. Why did you choose Panache Academy of Beauty? _____

I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for non-acceptance to the Academy. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION FORMS (diploma, official transcripts, registration fee, etc) to be received by the Admissions office AT THE TIME OF MY ENROLLMENT.

Applicant Signature: _____ **Date:** _____

Academy Locations:

1120 Zap Drive
 Lake Delton, WI 53965

2275 Deming Way, Suite 120
 Middleton, WI 53562

Phone: 608-253-7262
 Email: admissions@panacheacademyofbeauty.com