



655 Harmon Loop ~ Ste. 104A/105  
Dededo, Guam 96929  
Tel: 671-969-8951/671-989-6568  
heritagebeautycollege.com

## STUDENT ENROLLMENT APPLICATION

### APPLICATION FOR ADMISSION

Enrollment Date: \_\_\_\_\_ Class Date: \_\_\_\_\_  
Month Year Month Year

Program: Cosmetology (1600 hrs.) ☐ Esthetics (600 hrs.) ☐ Nail Technology (400 hrs.) ☐ for Office only ID #

### PERSONAL DATA

Name: \_\_\_\_\_  
Last First Middle

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you a US Citizen: ☐ Yes ☐ No Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Home #: \_\_\_\_\_

Who will be supporting you financially?

☐ Self-Supporting (working) ☐ parent's full support ☐ supported by relative/ family friends ☐ other \_\_\_\_\_

### RESIDENCE DATA

Physical Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_

### PARENT/SPOUSE/GUARDIAN INFORMATION:

Name: \_\_\_\_\_ Contact # \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address \_\_\_\_\_

### Medical/Emergency Contact Information: (if not the same as above)

Contact Person Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you have any medical problems? (If yes, state below)

Do you have any allergies?

NAME AND ADDRESS OF TWO (2) REFERENCES NOT LIVING WITH YOU

Name \_\_\_\_\_ Address: \_\_\_\_\_  
Home No. \_\_\_\_\_  
Work No. \_\_\_\_\_ Employer: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_  
Home No. \_\_\_\_\_  
Work No. \_\_\_\_\_ Employer: \_\_\_\_\_

WORK HISTORY

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Phone No. \_\_\_\_\_  
Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Phone No. \_\_\_\_\_

EDUCATION

High School Diploma Yes \_\_\_\_\_ If yes, Name of High School \_\_\_\_\_

No \_\_\_\_\_ If no, highest grade completed (circle one) 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

GED Certificate: ☐ Yes ☐ No Date Taken: \_\_\_\_\_ Location: \_\_\_\_\_

POST SECONDARY EDUCATION

Have you ever been enrolled in Cosmetology College? ☐ Yes ☐ No

If yes, please complete information below:

Name of Cosmetology College \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been enrolled in College/University? ☐ Yes ☐ No

Name of College/University \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

Did you obtain a degree? ☐ Yes ☐ No If yes, what was your major: \_\_\_\_\_

I declare that the information reported on this form is to be true, accurate, and complete.

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