

Enrollment Application (Please Print All Information)

DATE _____

NAME _____

ADDRESS _____

CITY _____ COUNTY _____

STATE _____ ZIP _____

EMAIL ADDRESS _____

TELEPHONE# _____ CELL PHONE# _____

SOCIAL SECURITY # _____

HIGH SCHOOL DIPLOMA YES NO

GED YES NO

DATE OF BIRTH _____ AGE _____

RACE _____

Have you ever attended Barber College previously? YES NO

If Yes, explain when and where _____

Do you have an infectious disease? YES NO

If Yes, Explain _____

Have you ever been convicted of a felony? YES NO

If Yes, explain when and where _____

Please furnish a certified copy of the courts record of conviction.

Do you now, or have you ever used any habit-forming drugs that are prohibited by state or federal laws? YES NO

If Yes, explain _____

Please List Three (3) References Below: (Must not be a Relative)

1. Name: _____ Telephone #: _____
Address: _____

2. Name: _____ Telephone #: _____
Address: _____

3. Name: _____ Telephone #: _____
Address: _____

For office use only

Enrollment Date _____ Full Time Part Time

Method of Payment Self Other

If other please explain _____

(Non-Refundable) Application Fee Enclosed **\$150.00** YES NO

(Application fee is NON-REFUNDABLE and will remain remain valid for 2 years from the payment date)

