Crevier’s Academy of

***Cosmetology Arts***

 240 W. IDAHO

 KALISPELL, MT 59901

 PH: 406-257-2525 crevierschool@hotmail.com

 crevierschool.com

 **APPLICATION FOR ADMISSIONS**

For Office use only:

[ ] High school diploma or GED

[ ] Drivers Lic or Birth Certificate

[ ] Text book

[ ] Mindtap

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_ COSMETOLOGY** (classes start the first Monday of the following months)

CLASS YOU WISH TO ATTEND \_\_\_\_\_FEB \_\_\_\_\_MAY \_\_\_\_\_SEPT \_\_\_\_\_NOV

**\_\_\_\_\_\_\_\_ MANICURING (**Classes start the first Monday of the following months)

CLASS YOU WISH TO ATTEND \_\_\_\_\_FEB \_\_\_\_\_MAY \_\_\_\_\_SEPT \_\_\_\_NOV

**\_\_\_\_\_\_\_\_ ESTHETICS**

CLASS YOU WISH TO ATTEND \_\_\_\_\_Oct \_\_\_\_\_March (only if a minimum of 8 student signup)

\_\_\_\_\_\_\_\_ MICRODERMABRASION (50-hour course certification) Teacher Training (650 hours)

NAME (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_

MAIN CONTACT PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ SEX: M F MARRIED: Y N

PLEASE CHECK APPROPRIATE BOX:

□ AMERICAN INDIAN OR ALASKA NATIVE □ ASIAN □ BLACK OR AFRICAN AMERICAN

□ NATIVE HAWAIIAN [] PACIFIC ISLANDER □ WHITE □ HISPANIC OR LATINO □ OTHER

EMERGENCY CONTACT NAME & NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? Y N

DEPENDENTS \_\_\_\_\_\_\_\_ ARE YOU A US CITIZEN? Y N CONVICTED OF A FELONY? Y N

DO YOU HAVE A HISTORY OF ANY HEALTH PROBLEMS? Y N

IF YES PLEASE EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NAME OF PRIMARY HEALTH PROVIDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU ATTENDED ANY COLLEGE OR TRADE SCHOOL IN THE PAST? Y N

HAVE YOU EVER ATTENDED A BEAUTY COLLEGE BEFORE? Y N

IF YES, PLEASE FILL OUT THE FOLLOWING INFORMATION:

NAME OF PREVIOUS COLLEGE (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE: \_\_\_\_\_ COSMETOLOGY \_\_\_\_\_ MANICURING \_\_\_\_\_ ESTHETICS \_\_\_\_\_OTHER

DATES ATTENDED \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL HOURS RECEIVED\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED OR DISMISSED FROM A PREVIOUS SCHOOL? Y N

IF YES, PLEASE EXPLAIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WILL YOU BE APPLYING FOR FINANCIAL AID? Y N

PLEASE SPECIFY WHAT KIND OF FINANCIAL ASSISTANCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR SCHOOL? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WHAT IS YOUR MAIN CAREER OBJECTIVE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***YOUR APPLICATION CANNOT BE PROCESSED UNTIL THE FOLLOWING PAPER WORK HAS BEEN RECEIVED***

 - A COPY OF YOUR CURRENT DRIVERS LICENSE, OR PROOF THE STUDENT IS

BEYOND THE AGE OF COMPULSORY EDUCATION WITH A PICTURE ID

 - A CERTIFICATE OF GRADUATION FROM A HIGH SCHOOL OR SECONDARY

EDUCATION OR EQUIVALENT.

I HEREBY APPLY FOR ADMISSION TO CREVIER’S SCHOOL OF COSMETOLOGY. I HAVE COPIES OF ALL REQUIRED PAPERWORK; RECEIVED CREVIER’S CATALOG & FULLY UNDERSTAND ALL COSTS, FEES AND REQUIREMENTS NECESSARY AT THIS TIME. I HAVE ENCLOSED MY **REGISTRATION FEE OF $125.00** AND MY **APPLICATION FEE OF $50.00.** I AM ALSO REQUIRED AT THIS TIME TO SEND **$325.00 FOR THE PURCHASE OF MY BOOKS (NON-REFUNDABLE) OF WHICH I WILL PICK UP AT THE TIME I FILL OUT AND SIGN CREVIER‘S STUDENT ENROLLMENT CONTRACT**. I UNDERSTAND ACCEPTANCE IS NOT GUARANTEED (ALL MONIES PAID WILL BE REFUNDED IF NOT ACCEPTED), BUT IF ACCEPTED I WILL BE HELD A SPOT IN THE NEXT AVAILABLE CLASS. I WILL BE NOTIFIED OF PLACEMENT AS SOON AS POSSIBLE.

STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if student is under age)