



Park Avenue Academy
738 Park Avenue NW
Norton, VA 24273
276-220-4346

STUDENT APPLICATION

**Admission Requirements
Drivers License or Identification
High School Diploma or GED**

Full Name _____

Date of Birth ____ - ____ - ____

Telephone _____

Email _____

Street _____

City _____ State _____ Zip _____

US Citizen? ____ Yes ____ No

When you cut with scissors are you right-handed or left-handed? ____ Left ____ Right

EDUCATION

High School Graduate? ____ Yes ____ No

Name of High School _____

Date Diploma Received ____ / ____ / ____ OR Date GED Received ____ / ____ / ____

Have you attended a cosmetology school before? _____

Name of School _____

Date attended _____ Number of hours _____

Need Transcripts

Have You Ever Been Convicted of a Felony? ____ Yes ____ No

Comments: _____

Are You Interested In Attending ____ Full Time OR ____ Part Time

Attending class ____ Morning OR ____ Evening

Employed ____ Yes OR ____ No If Yes, Where _____

Applicant Signature _____

Print Name _____ Date _____