



10222 W Fairview Ave.
Boise, ID 83704

Preferred Start Date: _____

ACADEMY OF COSMETOLOGY

Student Registration Application

- Cosmetology
 Esthetics
 Nail Technology
 Instructor

Complete the Application form and submit the following:

- a. Proof of education i.e. a photocopy of your High School diploma, GED or proof of completion of 10th grade (High school transcripts)
- b. Proof of age i.e. Drivers license, birth certificate

For Transfer students only: Number of hours needed _____

Full Legal Name: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____

City & State: _____ Zip Code: _____

Home Telephone: _____ Daytime Telephone: _____

Place of Birth: _____

Email Address: _____

Marital Status: Single Married Divorced

Citizenship: United States Other Country

High School: _____

Graduate: Yes No GED: Yes No

Personal References:

1. Name: _____ Relationship: _____
Telephone: _____
2. Name: _____ Relationship: _____
Telephone: _____

List any physical conditions that could interfere with your performance as a cosmetology student: _____

Nearest Living Relative: _____ Relationship: _____

Address: _____ Telephone: _____

In case of emergency, notify: _____ Relationship: _____

Telephone: _____

Referred to the Academy by: _____

I agree to abide by the rules, regulations and policies of Oliver Finley Academy as written or stated. I certify, under penalty of law, that the above information is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Interviewed by: _____ Date: _____