



109 North Commerce Ave.
Russellville, Arkansas 72801
(479) 968-3075

Pre-Enrollment Application 2019

Last: _____ First: _____ Middle: _____
DOB: __/__/__ Age: ____ Gender: Male Female Place of Birth: _____
DL#: _____ State Issued: _____ SSN: ____-____-____
Current Address: _____ City: _____ State: _____
Second Address: _____ City: _____ State: _____
Home Phone: (____) ____-____ Cell Phone: (____) ____-____ Work Phone: (____) ____-____
E-Mail Address: _____ Secondary E-Mail Address: _____
Best Way to Contact: Mail E-Mail Home Phone Cell Phone
Race: African American Caucasian Hispanic Asian Native American Other: _____
U.S. Citizen: Yes No Preferential Language: English Spanish Other: _____
Marital Status: Single Married Spouse's Employer: _____ Phone: (____) ____-____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: (____) ____-____
Address: _____ Secondary Phone: (____) ____-____

Health Status:

Personal Health: Good Fair Poor Glasses/Contacts: Yes No
Color Blindness: Yes No Hearing Aids: Yes No
Infections: Yes No Health Concerns: _____

Have you incurred or been treated for any specific injury or illness by a Physician in the past 3 years? Yes No If yes, please explain: _____

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Are you on any medication that could affect your ability to perform in the school's required activities? Yes No If yes, please explain: _____

Do you have reliable transportation to get to school every day? Yes No Personal Vehicle
Other: _____

After graduation, how would you get to a job interview or work? _____

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?
Yes No If yes, please explain: _____

(A POSITIVE RESPONSE WILL NOT DISQUALIFY YOU FROM TRAINING)

Note: ABC will not discriminate due to past legal issues. Prospective students must understand that ABC may be limited in graduation employment assistance depending on the nature of prior legal issues. IF YES Please Initial: _____

Education:

High School Diploma

Name of School: _____ Date Completed: ____/____/____

GED Date Completed: ____/____/____

Are you currently employed? Yes No Employer: _____ Supervisor: _____

If yes, please list schedule: _____

Address: _____ Phone: (____) ____ - ____

Are you currently in school/ college? Yes No Name of School: _____

If yes, please list schedule: _____

Phone: (____) ____ - ____ Contact Number: (____) ____ - ____

Have you ever attended another College or University? Yes No Program: _____

Name of School: _____ Did you graduate? Yes No

Do you have any other schedule restraints that could affect your class schedule and attendance?

Yes No *If yes, please explain:* _____

How did you hear about Arkansas Beauty College? _____

Have you ever attended Arkansas Beauty College? Yes No **Date:** _____ **Hours:** _____

Cosmetology Manicuring Instructor

If Vo-Tech High School Attended: _____

Have you ever attended a Cosmetology School/College? Yes No

If yes, Name of School: _____ *Course Taken:* _____

Date: _____ *Hours:* _____ *Certified:* Yes No

Reason for your interest in the Cosmetology field?

Have always had an interest in this field Financial Security Flexible Hours/Schedule

Enjoy arts and hands on career opportunities Travel Opportunities Part-time or Second Job

Have you researched the Cosmetology Field--- Jobs --- Employment Opportunities or Courses?

Yes No

____ Internet Search ____ Stylist Jobs ____ Salon Owners ____ Internet Job Searches

____ My Space ____ Facebook ____ Twitter ____ Friend and/or Family

Print Name: _____

Signature: _____