***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 valid Id card

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

**\_\_\_\_\_\_\_\_ COSMETOLOGY**  1500 hours (classes start the first Tuesday of the following months)

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

\_\_\_\_\_\_\_\_ **BARBERING CHEMICAL**  1100 hours (classes start the first Tuesday of the following months)

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

\_\_\_\_\_\_\_\_ **BARBERING NON-CHEMICAL**  900 hours (classes start the first Tuesday of the following months)

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

\_\_\_\_\_\_\_\_ **BARBERING SUPPLEMENTAL** 150 hours (classes start the first Tuesday of the following months)

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

**\_\_\_\_\_\_\_\_ MANICURING**  400 hours (Classes start the first Tuesday of the following months)

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

**\_\_\_\_\_\_\_\_ ESTHETICS** 650 hours

CLASS YOU WISH TO ATTEND \_\_\_\_\_Oct \_\_\_\_April (only if a minimum of 6 students signup)

\_\_\_\_\_\_\_\_ MICRODERMABRASION (50-hour course certification) Teacher Training (650 hours) (Ask for class start dates)

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

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

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

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 ARE YOU A US CITIZEN? Y N DEPENDENTS \_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL YOU BE APPLYING FOR FINANCIAL AID? Y N

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

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

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 LISTED ABOVE, RECEIVED CREVIER’S CATALOG & FULLY UNDERSTAND ALL FEES AND REQUIREMENTS NECESSARY AT THIS TIME. I HAVE ENCLOSED MY **APPLICATION FEE OF $100.00.** I UNDERSTAND ACCEPTANCE IS NOT GUARANTEED (ALL MONIES PAID WILL BE REFUNDED IF NOT ACCEPTED), BUT IF ACCEPTED MY APPLICATION FEE IS NON REFUNDABLE AND 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)