

# BARBER COLLEGE APPLICATION FOR STUDENT REGISTRATION

Date of Application: \_\_\_\_\_ 20\_\_

ATB SCORE \_\_\_\_\_ Date \_\_\_\_\_

## MOLER BARBER COLLEGE:

**LOCATIONS SACRAMENTO** || 2645 El Camino Ave., Sacramento, Ca 95821-9201 Tel: 916/482-0871

**[check one] FRESNO** || 1240 Fulton Mall, Fresno CA 93721 Tel: 209/485-4030

**SAN FRANCISCO** || 64 Sixth Street San Francisco, CA 94103 Tel: 415/621-6802

**COURSE INTEREST: BARBER [1500 HRS] COSMO/CROSS-OVER [400 HRS]**

**-REFRESHER [400 HRS] INSTRUCTOR [600 HRS] FULL/PART TIME**

CIRCLE YOUR CHOICE OF COURSE - TIMETABLE - ABOVE

Name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
First Middle Last Other# \_\_\_\_\_

## **Address:**

Street City State Zip Code

Date of Birth \_\_\_19\_\_ Place of Birth \_\_\_\_\_ US CITIZEN yes/no

Social Security Number \_\_\_\_\_ Alien # A \_\_\_\_\_

**Driver's License or I.D.# \_\_\_\_\_ State of Residence \_\_\_ Date / /**

Maximum Education: \_\_\_ I certify that I  graduated, or  received a high school equivalency (GED or other) in

\_\_\_\_ Name and Address of High School Attended: \_\_\_\_\_

\_\_\_\_ Name City, State(or Country)

Where you ever enrolled in a Barber or Cosmetology School? yes/no Hours completed \_\_\_\_\_ License# \_\_\_\_\_

Name of School Address City State/Zip Code Approx. Date: \_\_\_\_\_

## **OTHER SCHOOLS ATTENDED SINCE HIGH SCHOOL:**

Name Address City/State/Zip Degree Granted Year Attended

## **STUDENTS HOUSEHOLD INFORMATION: \*(FAMILY MEMBER WHO LIVES WITH YOU) EMERGENCY #'S**

Name Age Relationship (ie Son/Dau/etc) Telephone #

Have you ever been convicted of a **criminal offense** (other than traffic offense)? yes/no

## **IF YOU OWE CHILD SUPPORT YOU WILL NOT BE ABLE TO GET A LICENSE.**

Do you have any Medical Problems? yes/no \_\_\_\_\_ Martial Status \_\_\_ Date / / of  
marriage/separation/ divorce. Ethnic Origin(optional) \_\_\_\_\_ Male/Female (circle one)

\* \_\_\_\_\_ [initial] I, have had a complete tour of the campus and received the School Catalog [copies in the school office]. [POSTED AT EACH CAMPUS] I further consent to and authorize the Barber College or its duly authorized agents to release/supply copies of whatever portion of my school records that maybe required/requested by duly authorized agencies or individuals.

**THE SCHOOL MAINTAINS A DRUG FREE POLICY WHICH IS POSTED .**

I HEREBY CERTIFY THE ABOVE TO BE TRUE STATEMENTS AND UNDERSTAND THAT ANY FALSIFICATION MAY BE JUST CAUSE TO REJECT MY APPLICATION FOR REGISTRATION.

\* \_\_\_\_\_ \*^ / / / START DATE \_\_\_ / \_\_\_ / \_\_\_  
*Signature Date School will advise you on entry date*