



**ADDRESS:** 5460 North State RD 7 Suite 105 North Lauderdale FL, 33315

**PHONE** # 954-735-3539

**Date:**

### **Enrollment Information Sheet**

**Please check the course that is most interesting to you**

**[ ] Barber/Stylist   [ ] Nail Technician   [ ] Cosmetology**

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email:

Emergency Contact:

Phone:

## **Enrollment Information Sheet:**

Drivers License:

Birth Date:

Are you a High School Graduate?: Yes No

Are you a U.S Armed Forces Veteran: Yes No

Is this your first time Enrolling Here?: Yes No

Is English your Native Language?: Yes No

Have you attended any other  
College/Universities? Please list them:

Have you ever received Financial Aid?: Yes No

Are you interested in receiving Financial Aid?:  
Yes No

## **How did you hear about us?**

☐ Website ☐ Flyer ☐ Social Media  
☐ Walk In ☐ Word of Mouth

**By signing, you are verifying that you have answered all the questions truthfully and to the best of your ability**

Student Print Name:

Signature:

Date: