



Date: \_\_/\_\_/\_\_

*Elite Academy of Hair Design*

*3200 Guernsey St. Bellaire, Ohio 43906*

*Phone 740-325-1622*

Application for enrollment 1500 Cosmetology Course

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State :\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle the class date you interested in: **May 2018 August 2018 October 2018  
January 2019**

Birth date: \_\_\_\_\_

High School Grad: \_\_\_\_ GED: \_\_\_\_ Date: \_\_\_\_\_

Previous College and date of attendance:

\_\_\_\_\_

Please answer these questions in 2 to 3 sentences.

1. Why do you want to pursue a career in Cosmetology?

2. What are your expectations of Cosmetology school?

\*Upon acceptance, more information will be required.