



Applying For: Full Part-Time

Personal Information

Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Mailing Address: _____

(If different from above)

City, State, Zip: _____

Telephone: Day _____ Evening _____

E-Mail Address: _____

Gender: Male Female

Ethnic Origin: Hispanic/Latino Non-Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

Are you a veteran? Yes No

If yes, which branch of service? _____

Please list any disabilities Hair Masterz Barber School should be aware of:

Individuals with disabilities at Hair Masterz Barber School are required to:

- *Self-identify as a person with a disability by contacting Hair Masterz Barber School administration to receive reasonable accommodations.*



Education

Did you graduate from High School? Yes No

Name of High School _____ Year Graduated _____

Location of School: City _____ State _____

Type of School: Public Private Home School Correspondence

If No: I completed GED Year _____ Adult High School Diploma Year _____

Expected Graduation Year _____

Location of GED/AHSD: Institution _____

City/State _____

Highest Education Level: Completed High School Associates Degree

Bachelor's Degree Master's Degree

Colleges and/or Technical Institutes Attended	State	From (Date)	Until (Date)	Degrees Awarded

Residence Information

I am a: U.S. Citizen Yes No

General Information

Name of Emergency Contact: _____

Address of Emergency Contact: _____

Telephone of Emergency Contact: _____

Name of Parent(s): _____

(If Minor)

Parent(s) Address: _____

Parent(s) Telephone: _____



Date to enter Hair Masterz Barbering Program: Fall 20 _____

Do you have any prior training in Barbering? Yes No

Name of School _____ Location _____

Approximate Date of Training _____ Number of Hours _____

Year _____

How did you hear about Hair Masterz' Barbering Program?

Website Flyer Social Media

Other _____

References

Name: _____

Address: _____

Telephone Number: _____

Name: _____

Address: _____

Telephone Number: _____

I, _____ certify that the information I have given is true and correct. I have also received (prior to enrollment) all pre-enrollment information regarding Hair Masterz Barbering Program outcome rates for students in the school, compensation a successful graduate may expect, the physical demands and safety requirements for the profession of Barbering, the state licensing requirements for NC, and a copy of the program's handbook.

Signature of Applicant

Date



Enrollment Application

BARBERING

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Signature of Parent or Guardian
(If applicant is under 18)

Date

Hair Masterz Barber School
6213 Rock Quarry Road, Suite 114
Raleigh, NC 27610

For more information regarding this program contact:
Ms. Preference Evans via e-mail - info@hairmasterz.com

Official School Use: _____ Application Date Received: _____
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Accepted Term _____ Year _____