



114 W. Orange St.
Lancaster, PA 17603

Admissions Application

Personal Information:

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Social Security No _____

Date of Birth _____ E-Mail _____

Driver's License No _____ State _____ Place of Birth _____

Are you married? Yes ___ No ___ Number of Children ___ Age of Children _____

Emergency Contact _____ Phone _____ Relationship _____

Are you a US Citizen? Yes ___ No ___ Permanent Resident? Yes ___ No ___

Do you speak English? Yes ___ No ___ Are you right handed ___ left handed ___?

**If Under 18:*

Parent(s) Names _____ Phone _____

Address _____

City _____ State _____ Zip _____

Continued...

Education:

High School _____ Graduation Date _____

Number of years completed _____

College _____ Graduation Date _____

Number of years completed _____ Course of Study _____

State Received GED _____ Year Received _____

Completed grade 8 or higher? Yes _____ No _____

Do you have proof of completion? Yes _____ No _____ (high school transcripts, GED, etc).

Other Education (Trade, Business, Etc.) _____

Employment/General Information:

Current Employer _____ From _____ To _____

Work Schedule _____

Previous Employer _____ From _____ To _____

Have you ever been convicted of a crime? Yes _____ No _____ If so, please explain:

_____.

Do you have any physical disabilities that may preclude you from performing any work in your chosen profession? Yes _____ No _____ If yes, please explain _____

_____.

Continued...

How did you hear about The Cutting Edge Barber Academy? _____
_____.

Referral: If you have a friend that may be interested in attending barber school, please refer him/her and you may be eligible to receive a gift certificate (ask for details):

Referral's Name _____ Referral's Phone _____

In a brief essay, please explain why you are interested in our Barbering Program.
(Please print) _____

_____ (If needed, please use back to continue).

Please refer to the Cutting Edge Barber Academy's School Catalog for program details, tuition info, class schedules, school policies, and all other student information.

Applicant's Signature _____ **Date** _____

Director's Signature _____ **Date** _____

Thank you for your interest in attending the Cutting Edge Barber Academy!