



*Capelli*  
INSTITUTE OF HAIR

200 East State Road  
Pleasant Grove, UT 84062  
(801) 785-3113  
Fax (801) 785-7118  
www.capellihair.com

## COSMETOLOGY/BARBERING STUDENT APPLICATION

This application must include the \$50 non-refundable application fee.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status:  Single  Married  Other

Gender:  Male  Female

US Citizen:  Yes  No Social Security Number: \_\_\_\_\_

Drivers License# \_\_\_\_\_ State: \_\_\_\_\_ Passport# \_\_\_\_\_

Why have you chosen a career in Cosmetology? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Course of Interest:

Cosmetology  Barbering  Nail Technology  Permanent Makeup

Advanced Training: \_\_\_\_\_

Start Date:  January 2011  March 2011  May 2011  June 2011

August 2011  October 2011  Other 2011

High School Students Start Dates:  June 2011  August 2011

Schedule:  Full-Time Day (8:00 am to 4:30 pm Tue - Sat)  Night School (5:00 pm to 10:00 pm Tue - Fri)

How did you hear about Capelli Institute? \_\_\_\_\_

**Education:**

High School \_\_\_\_\_ State \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Degrees Earned \_\_\_\_\_

I have a GED       I do not have a high school diploma but will be taking the ATB test

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Can we contact this person?  Yes  No

Students Curent Occupation: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Can we call this person as a reference?  Yes  No

**Payment Options:**

I am a High School Student and will be part of the High School Payment Plan

I plan to take a personal/student loan     I will be paying with:     Cash     Credit Card     Check

I would like to pay through Capelli Payment Option #1    #2    #3    #4    #5    #6    #6    #NS

I would like to pre-pay the entire tuition with the 10% discount     Other Payment Option not listed

I certify under penalty of law that the above information provided is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Parent or Guardian  
(If under the age of 18) \_\_\_\_\_ Date: \_\_\_\_\_

The Cosmetology industry, including Esthetics, Manicuring and Make-up requires and individual to stand for long periods. Anyone who suffers from serious neck, back, hand, wrist or leg problems, or has allergies from chemicals used in coloring, perming or manicuring products should consult their physician before beginning any of our courses.

To the best of my knowledge, I do not suffer from any physical or mental disorders, which may prevent my completion of this course in the time allowed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Parent or Guardian  
(If under the age of 18) \_\_\_\_\_ Date: \_\_\_\_\_

*Capelli Institute Use Only*

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_