



Capelli
INSTITUTE OF HAIR

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

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:

Barbering (1000 Hours)

Start Date: January 2010 March 2010 June 2010 August 2010 October 2010 December 2010

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 _____

Special Interests: _____

Parent or Guardian: _____ Relationship: _____

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

Students Current Occupation: _____ Contact Person: _____

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

Payment Options:

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

I would like to pre-pay the entire tuition with the 5% discount

I would like to pay through Capelli In-house financing. I would like Payment Option # _____

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, Barbering and Make-up requires an 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: _____