PARK AVENUE
School of Cosmetology

ENROLLMENT APPLICATION

Name_____
Last First MI Maiden Name
Address:_____City/State/Zip_____

Social Security #_____ Date of Birth:_____

Cell Phone:_____ Home Phone:_____

Email:_____

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Type of Course: Cosmetology_____ Nail Technology_____ Esthetics_____
Attendance: Full Time_____ Part Time_____
I would like to begin classes in:_____
Month Year

High School Diploma/GED _____ Year_____ Had an IEP?_____ Yes _____ No
College or University 1+ years_____ College or University Graduate _____

Have you previously attended Cosmetology School? _____ Yes—When?_____ No_____
School Name_____ City/State_____ # of Hours_____

Do you have a current student loan for attendance at any school? Yes_____ No_____
Are you now in default, or have defaulted, on a student loan? Yes_____ No_____

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The following information will help determine if Cosmetology is the right career path for you:
How do you learn? Visual _____ (watch and then do it) _____ Read and then do it
Combination of Visual and Read _____ (let me read & let me watch)
Hands-On _____ (just tell me and let me do it)
Reading Level _____

Do you have any physical limitations that would prevent you from completing the requirements of the chosen program and/or of a job in the field of the chosen program? If yes, please provide detail:_____
_____

OPTIONAL: Do you take any prescribed medications? Yes_____ No_____ If Yes, please list them:_____
_____

_____ _____
Signature of Applicant Date

306 Main Avenue South
Park Rapids, MN 56470
218-732-2962 Office ~ 218-237-2260 Appointments