

Bitterroot School of Cosmetology

2079 N. 1st St., Suite B

Hamilton, MT 59840

Phone: 406-363-3355

Application for Admissions

For Office use only:

- High school diploma or GED
- Drivers Lic or Birth Certificate
- Text book
- Theory Work Book

DATE _____

_____ **COSMETOLOGY**

CLASS YOU WISH TO ATTEND 2018 _____ SEPT 24th _____ DEC 10th
2019 _____ MARCH 4th _____ MAY 13th _____ SEPT 23rd _____ NOV 18th

_____ **MANICURING**

CLASS YOU WISH TO ATTEND _____ JULY 29th

NAME (please print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAIN CONTACT PHONE # _____ E-MAIL _____

SS# _____

DATE OF BIRTH _____ Age _____ SEX: M F MARRIED: Y N

PLEASE CHECK APPROPRIATE BOX:

- AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN PACIFIC ISLANDER WHITE HISPANIC OR LATINO OTHER

EMERGENCY CONTACT NAME & NUMBER _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? Y N

DEPENDENTS _____ ARE YOU A US CITIZEN? Y N CONVICTED OF A FELONY? Y N

DO YOU HAVE A HISTORY OF ANY HEALTH PROBLEMS? Y N

IF YES PLEASE EXPLAIN: _____

NAME OF PRIMARY HEALTH PROVIDER _____

ADDRESS _____ PHONE # _____

HAVE YOU ATTENDED ANY COLLEGE OR TRADE SCHOOL IN THE PAST? Y N

HAVE YOU EVER ATTENDED A BEAUTY COLLEGE BEFORE? Y N

IF YES, PLEASE FILL OUT THE FOLLOWING INFORMATION:

NAME OF PREVIOUS COLLEGE (if any) _____

COURSE: ____ COSMETOLOGY ____ MANICURING ____ Teacher Training

DATES ATTENDED _____ TO _____ TOTAL HOURS RECEIVED _____

HAVE YOU EVER BEEN SUSPENDED OR DISMISSED FROM A PREVIOUS SCHOOL? Y N

IF YES, PLEASE EXPLAIN _____

WILL YOU BE APPLYING FOR FINANCIAL AID? Y N

PLEASE SPECIFY WHAT KIND OF FINANCIAL ASSISTANCE _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

WHAT IS YOUR MAIN CAREER OBJECTIVE? _____

YOUR APPLICATION CANNOT BE ACCEPTED WITHOUT THE FOLLOWING PAPER WORK

You must schedule to take a TABE test on Tuesday or Thursday prior to acceptance AND

- A COPY OF YOUR CURRENT DRIVERS LICENSE, OR PROOF THE STUDENT IS BEYOND THE AGE OF COMPULSORY EDUCATION WITH A PICTURE ID
- A CERTIFICATE OF GRADUATION FROM A HIGH SCHOOL OR SECONDARY EDUCATION OR EQUIVALENT.

I HEREBY APPLY FOR ADMISSION TO THE BITTERROOT SCHOOL OF COSMETOLOGY. I HAVE COPIES OF ALL REQUIRED PAPERWORK; RECEIVED THE BITTERROOT SCHOOL OF COSMETOLOGY CATALOG & FULLY UNDERSTAND ALL COSTS, FEES AND REQUIREMENTS NECESSARY AT THIS TIME. I HAVE ENCLOSED MY REGISTRATION FEE OF \$100.00 AND MY APPLICATION FEE OF \$50.00. I AM ALSO REQUIRED AT THIS TIME TO SEND \$325.00 FOR THE PURCHASE OF MY BOOKS (NON-REFUNDABLE) OF WHICH I WILL RECEIVE ON MY 1ST DAY OF SCHOOL. I UNDERSTAND ACCEPTANCE IS NOT GUARANTEED (ALL MONIES PAID WILL BE REFUNDED IF NOT ACCEPTED), BUT IF ACCEPTED I WILL BE HELD A SPOT IN THE NEXT AVAILABLE CLASS. I WILL BE NOTIFIED OF PLACEMENT AS SOON AS POSSIBLE.

STUDENT SIGNATURE _____ DATE _____

GUARDIAN SIGNATURE _____ DATE _____
(if student is under 18 years of age)