

Bitterroot School of Cosmetology

2079 N 1st St, Ste B

Hamilton, MT 59840

Phone: 406-363-3355

- Date: _____
- Class you wish to Attend: ___ Cosmetology ___ Manicuring ___ Teacher Training
- FirstName: _____ LastName: _____
- SSN: _____ Date of Birth: _____
- Previous Name (if any): _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Home Phone: _(____) _____ Cell Phone: _(____) _____
- E-Mail: _____
- Gender: () Female () Male _____
- Marital Status: ___ Single ___ Married ___ Divorced ___ Legally Separated
- Number of Dependents: _____ Convicted of a Felony? ___ yes ___ No
- Educational Background:
- High School Diploma ___ yes ___ No G.E.D. ___ yes ___ No
- Highest Education: _____
- Will you be applying for Financial Aid? ___ yes ___ No
- In case of Emergency, Contact:
- Name: _____
- Phone: _____ Address _____
- Do you have a health history? ___ yes ___ No
- If so please explain: _____
- Have you previously been enrolled in another Cosmetology school? ___ yes ___ No
- If yes, name of school: _____
- City: _____ State: _____
- Dates attended: _____ to _____
- Hours Received: _____
- Do you consider yourself to be Hispanic/Latino?
- ___ Yes (specify country of origin) _____
- ___ No
- In addition, please select one or more of the following racial categories to describe yourself:
- ___ American Indian or Alaska Native (specify primary tribal affiliation and reservation)
- _____
- ___ Asian
- ___ Black or African American ___ Native Hawaiian or Other Pacific Islander

☞ No Response Other/Unknown
 White

☞ Have you been suspended or dismissed for academic reasons from another cosmetology school or university? yes No

If yes, please explain: _____

☞ How did you hear about this school:

☞ Please include the following with your application:

★ Your non-refundable application fee of \$50.00

★ A copy of your diploma or G.E.D

★ A copy of your driver's license or birth certificate

★ A copy of your social security card I understand the Bitterroot School of Cosmetology accepts students on a first come first serve basis. The submission of this application, with all required documents and fees, save a seat in the class mentioned above unless that class is already full. This application does not guarantee my acceptance to the school and I understand that I will be notified of placement.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____

Accepted: Yes No If yes, for what class date: _____ If rejected please describe reason below: _____
