

Bitterroot School of Cosmetology

1900 Brooks, Suite 9 * Missoula, MT 59801

Application for Enrollment

- ☞ *Date:* _____
- ☞ *Class you wish to Attend:* ___ *Cosmetology* ___ *Manicuring* ___ *Teacher Training*
- ☞ *First Name:* _____ *Last Name:* _____
- ☞ *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:* _____
