

Bitterroot School of Cosmetology

2079 North First Street Suite B

Hamilton, Montana 59840

(406) 363 – 3355

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:* _____

