



STUDENT APPLICATION FOR ADMISSIONS

5684 Memorial Drive • Stone Mountain, GA 30083 • Phone (404) 299-5156
3860 Rockbridge Rd, Stone Mountain GA 30083 (404) 297-6688

IMPORTANT: All sections must be completed. Incomplete applications will not be accepted. Please print clearly.

Program of Study: Master Cosmetology Master Barbering

Name: _____
Last First Middle U.S. Social Security Number

Permanent Address: _____ Birth Date: _____
(Street address, if applicable, apartment number) Month Day Year

City: _____ State: _____ Zip Code: _____

Home Phone:(_____) Cell Phone:(_____) Work Phone:(_____)

Email Address: _____ Name on Facebook: _____

Gender: Male Female

Are you a U.S. citizen? Yes No

If you are not a U.S. Citizen but a Resident Alien, please provide your registration # _____

Are You A Veteran? Yes No

How did you get our number here at Pro Way Hair School? _____

Class You Plan To Attend: Day Evening

Requested Start Date: _____

Are you currently employed? No If Yes, name of current employer _____

How long have you been employed? _____

Have you graduated from high school* or received a GED? If Yes, what year? _____ No

*State of Georgia Licensing Boards do NOT accept correspondence diplomas

YOUR SIGNATURE IS REQUIRED TO PROCESS YOUR APPLICATION

I certify that the information provided on this application is true to the best of my knowledge, and I understand that omissions or misrepresentations will automatically invalidate consideration by, acceptance to, or continuation at Pro Way Hair School. In the event I am accepted and enrolled at Pro Way Hair School, I agree to abide by all of the institution's rules and regulations pertaining to academics and student conduct.

Signature of Applicant _____ Date _____

For Office Use Only

NSLDS: _____

Sub: _____

Unsub _____

First Time

RR

_____ Registration Fee Paid

_____ References Verified

_____ H.S. Diploma/GED Received



Reference List

(TO BE TURNED IN AT FINANCIAL AID APPT.)

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Student Name: _____

SS#: _____ - _____ - _____

Section 1: Do you plan to apply for financial aid?

- Yes No (skip to Section 3)

Section 2: References (These references will be contacted) – no duplicate phone numbers or addresses

Check the box next to the reference you would list as an emergency contact.

A) Parent

Name _____
Address _____
City, State, Zip _____
Phone: _____
Email: _____

B) Grandparent

Name _____
Address _____
City, State, Zip _____
Phone: _____
Email: _____

C) Other Relative

Name _____
Address _____
City, State, Zip _____
Phone: _____
Email: _____

D) Friend

Name _____
Address _____
City, State, Zip _____
Phone: _____
Email: _____

E) Friend

Name _____
Address _____
City, State, Zip _____
Phone: _____
Email: _____

F) Address you could always receive mail

Name _____
Address _____
City, State, Zip _____
Phone: _____
Email: _____

Section 3:

By signing below, I certify that all of the above information is accurate and correct.

Signature

Date