



# APPLICATION/STUDENT PROFILE SHEET

DATE: \_\_\_\_\_

THIS FORM MUST BE FILLED OUT COMPLETELY! If something does not apply to you, please place an N/A on the line.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

The following will **need** to be emailed beforehand or brought into the College at your Enrollment appointment:

**Enrollment appointment will not be booked without the following documents**

- Driver's License or State Issued ID Card or US Passport
- High School Diploma/Transcripts, GED, College Transcripts PSA – Home Schooling
- Social Security Card
- Application Fee \$100 (non-refundable)
- If you have previous hours from another school; bring Proof of Training documents.
- Complete Free Application for Federal Student Aid (FASFA) if applicable  
<https://studentaid.gov/h/apply-for-aid/fafsa>
- Certificate of completion from Milady's Infection Control, use the following code **chbc-rise927**  
<https://www.miladytraining.com/courses/infection-control>
- Certificate of completion for Sexual Harassment Prevention Training  
<https://www.dfeh.ca.gov/shpt/>

PLEASE SEND APPLICATION & the above TO **Jamie.enriquezchbc@gmail.com** THE ASST. DIRECTOR OF ADMISSIONS

Cosmetology Schedule  Tuesday-Thursday 21 hours  Wednesday-Friday 21 hours or  Thursday-Saturday 21 hours  
 Schedule  Tuesday-Friday 28 hours or  Wednesday-Saturday 28 hours  
 Schedule  Tuesday-Saturday 35 hours week    Cosmetology Students are you  Right or  Left-Handed

Esthetician     Manicurist    Start Date Desired: \_\_\_\_\_

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Spouse's First: \_\_\_\_\_ MI: \_\_\_\_\_

SSC: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ US Citizen?     YES     NO

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

Driver License/State ID #: \_\_\_\_\_ State of Driver License/ID: \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed    Gender:  Female  Male

\*By providing email address, cell phone & cell phone carrier information, I am authorizing Citrus Heights Beauty College to contact me via these methods. \_\_\_\_\_ (Student Initials)

High School Graduation Date: \_\_\_\_\_ High School you attended: \_\_\_\_\_

Education Level:

HS Diploma     Current HS Student     Some Post-Secondary     Associates Degree     HS Transcript     GED     College Grad  
**(Please note: Foreign high school diplomas must be translated into English, evaluated, and verified (Notary is not acceptable) that it is equivalent of a United States High School Diploma.)** Please see admin office for acceptable verification companies.

Will you be living with your parent(s) while in attendance at Citrus Heights Beauty College?  YES or  NO

Parents'/Guardians' Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you a Veteran:  YES  NO    Previous Hours from another school  YES  NO    How many previous hours: \_\_\_\_\_

Name of the previous school: \_\_\_\_\_ We need transcripts and Proof of Training

Will you be applying for Federal Financial Aid?  YES  NO

Have you applied for FASFA? YES NO If yes... what date did you apply?\_\_\_\_\_

If you were enrolled in another College at any time in the past year, did you receive Federal Financial Aid YES NO

If so, was it the PELL GRANT STUDENT LOAN  BOTH

**How will you be paying for your Tuition at Citrus Heights Beauty College? Mark an X to all that applies.**

\_\_\_\_\_ Paying cash/credit card (Credit Card payments can also be setup on AUTO Pay) or check Monthly- This is the cost of the tuition divided by the number of months in the program. Due by the 15<sup>th</sup> of each month.

\_\_\_\_\_ Financial Aid (must have already applied)

\_\_\_\_\_ Other: (please explain) \_\_\_\_\_

How did you hear about us?

Word of mouth/friend Internet Advertisement Other-please explain \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Insurance Group Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List all medications that are taken on a regular basis:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Are there any medical conditions that the school needs to be made aware of:

\_\_\_\_\_

**Reference must be completed in full, or application will be denied.**

**Reference 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Reference 3**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Reference 4**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian Signature, if applicable Date