



Mark  
Anthony's  
School  
of  
Cosmetology

Creating a Brighter Future

## Student Application Form required for all programs

<b>Student Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Birth Date</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Program of interest: (Please circle)</b> <b>Cosmetology      Nail Technician      Esthetics      Instructor Training</b>			
<b>Country of Birth:</b> _____ <b>If born outside of USA please answer the following questions.</b>		Date of entry to USA: _____ Date of first enrollment in USA School: _____ Has student completed three or more years of school in the US. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Previous School Attended:</b>		<b>Date Last Attended:</b>		<b>District:</b>	
Address		City	State	Zip	
Phone		Email			
Does you receive <b>Special Services</b> or have an <b>Individual Education Plan (IEP)</b> for any of the following? Check those that apply: <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Specific Learning Disabilities <input type="checkbox"/> Emotional/Behavioral Disorder <input type="checkbox"/> Mild –Moderate Impaired			<input type="checkbox"/> Severe –Profound Impaired <input type="checkbox"/> Severely Multiple Impaired <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Other Health Disabilities <input type="checkbox"/> Speech/Language Impaired <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visually Impaired		
Does you receive any services in the following areas? Check those that apply: <input type="checkbox"/> Americans with Disabilities Act 504 Plan <input type="checkbox"/> Title 1 <input type="checkbox"/> English as a Second Language (ESL) <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Other _____					
<b>Address</b>		<b>Unit #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b>					
<b>If Student is a minor</b>	<b>Primary Household Adult 1</b>	<b>Last Name</b>	<b>First Name</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Relationship to Student</b>
				<b>Phones</b> Cell Work	
		<b>E-Mail Address</b>			

<b>Emergency Contacts (Other than those listed above):</b>			
<b>Name</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Other/Home Phone</b>

I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Hopkins Public Schools and grants permission to obtain all student records pertaining to my child.

<b>Student or Parent/Guardian Signature:</b>	<b>Date:</b>
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FOR OFFICE USE ONLY

Complete when information is provided and included in the Student file:

Official Transcripts: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ SSN Card: \_\_\_\_\_ Drivers License/ID: \_\_\_\_\_ 2 Photos: \_\_\_\_\_ Essay: \_\_\_\_\_

Letter of Reference: \_\_\_\_\_ Personal Interview: \_\_\_\_\_