



Mark
Anthony's
School
of
Cosmetology

Creating a Brighter Future

Student Application Form required for all programs

Student Last Name		First Name		Middle Name	
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Program of interest: (Please circle) Cosmetology Nail Technician Esthetics Instructor Training			
Country of Birth: _____ If born outside of USA please answer the following questions.		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			
Previous School Attended:		Date Last Attended:		District:	
Address		City	State	Zip	
Phone		Email			
Does you receive Special Services or have an Individual Education Plan (IEP) 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 _____					
Address		Unit #	City	State	Zip
Home Phone					
If Student is a minor	Primary Household Adult 1	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Student	E-Mail Address
Last Name				Phones Cell Work	

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

I hereby affirm that the information provided above is true and accurate to the best of my knowledge and belief. I understand that by completing this form, I am granting permission to obtain all relevant student records pertaining to myself (or my child, in the case of a minor).

Student or Parent/Guardian Signature:	Date:
--	--------------

FOR OFFICE USE ONLY

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

Letter of Reference: _____ Personal Interview: _____