

**Dominion School of Hair Design
7118 Hayes Shopping Center
Hayes, Virginia 23072**

Application for Enrollment

Date: _____

Name: _____
Last First Middle

Present address _____
Street City State Zip code

Social Security # _____ **If under 18, please list age** _____

Telephone number _____ **Cell Number** _____ **e-mail:** _____

Course desired _____ **Enrollment desired** ___ Full time ___ Part time

How many hours can you attend classes a week? _____

What are your goals and objectives upon completion of this licensure program? _____

Physical and Safety Demands of the Profession: By nature of the profession, students must meet the following minimum requirements:

- ◆ **Good general health (no communicable conditions that could be passed on to customers)**
- ◆ **Strong feet , legs, and back due to long hours of standing**
- ◆ **Not allergic to fumes, chemicals, etc.**

Are you able to meet these requirements? _____ Yes _____ No

Do you have transportation ___ Yes ___ No **Date available to start** _____

Education	Name of School	Address	Major or degree earned
High School			
College			
Technical school	Type	How long	

Have you ever been convicted of a felony? _____ No _____ Yes

If yes, explain the nature of the conviction _____

Please list two personal references

Name _____	Name _____
Address _____	Address _____
Telephone Number _____	Telephone Number _____

Type of payment plan: _____ Full or _____ Monthly

If monthly payments are requested, Credit Check may be required at an additional cost of \$25.00. Please sign here granting permission to procure credit information.

Signed