

# APPLICATION FOR ENROLLMENT

Addendum A

**REQUIRED ITEMS TO BE SUBMITTED WITH  
THIS APPLICATION FOR ENROLLMENT**

1. \$50.00 Application Fee (Non-refundable)
2. Copy of High School Transcript, Diploma or GED
3. Four Full-Face Passport Photos
4. Copy of Drivers License
5. Copy of Social Security Card
6. Copy of Birth Certificate

**CONTINENTAL ACADEMIES  
OF HAIR DESIGN**

Email: conacad1@aol.com

Select Campus for Enrollment

- 102 Derry Street Hudson, NH 03051  
 228 Maple Street, Manchester, NH 03103

APPLICATION FOR ENROLLMENT  
1550 HOUR **COSMETOLOGY** PROGRAM  
Full Time (9:00 a.m. to 5:00 p.m.)  (9-2:30)   
FOR CLASS DATE BEGINNING \_\_\_\_\_

APPLICATION FOR ENROLLMENT  
300 HOUR **MANICURING** PROGRAM  
Day Session  9:00 a.m. to 2:30 p.m.  
FOR CLASS DATE BEGINNING \_\_\_\_\_

NAME .....	AGE .....	SEX .....
PRESENT ADDRESS .....	HOME PHONE .....	
.....	CELL PHONE .....	
.....	E-mail Address .....	
.....	DATE OF BIRTH .....	
PRESENT EMPLOYER .....	S/S NUMBER .....	
ADDRESS .....	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
.....	IF NOT, INS # .....	
MOTHERS NAME .....	BIRTH PLACE .....	
ADDRESS .....	DRIVER LIC. # .....	
.....	STATE .....	
FATHERS NAME .....	EMPLOYER .....	
ADDRESS .....	PHONE # .....	
.....	PARENT .....	
IN CASE OF EMERGENCY NOTIFY:	PHONE # .....	
NAME .....	EMERGENCY .....	
ADDRESS .....	PHONE # .....	
.....	Applying for Financial Aid <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION	NAME AND ADDRESS OF SCHOOL	DATES ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR TECH. SCHOOL				
GED	AGENCY	DATE RECEIVED		

**THE REASON FOR YOUR INQUIRING INTO OUR SCHOOL IS (CHOOSE ONE OF THE FOLLOWING).**

**PERSONAL RECOMMENDATION BY:**

FORMER STUDENT

NAME AND ADDRESS .....

HAIRDRESSER

NAME AND ADDRESS .....

FRIEND

NAME AND ADDRESS .....

**ADVERTISEMENT**

NEWSPAPER NAME .....

RADIO STATION NAME .....

TELEVISION CHANNEL NUMBER .....

SCHOOL BROCHURE     PHONE BOOK YELLOW PAGES

OTHER .....

**COMPLETE IN 25 WORDS OR LESS -- WHY I WANT TO ENTER THE COSMETOLOGY PROFESSION**

.....  
.....  
.....  
.....  
.....

SIGNATURE ..... DATE .....

**IMPROPER CONDUCT OR FAILURE TO MAINTAIN A PASSING GRADE IN WRITTEN and PRACTICAL EXAMINATION WILL RESULT IN DISMISSAL AT DISCRETION OF THE ADMINISTRATORS**

**FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

DATE SCHEDULED

FOR INTERVIEW..... INTERVIEWED BY .....

APPEARANCE:  GOOD    FAIR    POOR    GEN. IMPRESSION:  GOOD    FAIR    POOR

REMARKS: .....

ACCEPTED  NOT ACCEPTED  SCHED FOR TERM BEGINNING .....

\$50 APPLICATION FEE

COPY OF DIPLOMA, TRANSCRIPT, GED

COPY OF DRIVER'S LICENSE

COPY OF SOCIAL SECURITY CARD

FOUR (4) FULL-FACE PASSPORT PHOTOS

FINANCIAL AID APPLICATION

SIGNED COPY OF TAX RETURN(S)

INS DOCUMENTATION

SIGNED CONSUMER DISCLOSURE

COPY OF BIRTH CERTIFICATE