



**VICI
AVEDA INSTITUTE**

4111 South 108th Street, Greenfield, WI 53228
 Phone: 414-425-1700 Fax: 414-425-5828
 E-mail: admissions@vicibeautyschool.com

<u>Office Use Only:</u>	
\$35 Application Fee Recd.: _____ (Application Fee is non-refundable)	
Date: _____	Received by: _____
Start Date: _____ mo. _____ yr.	
Course: _____	

STUDENT ENROLLMENT APPLICATION FORM

Fill out all information completely and accurately.

Missing or inaccurate data may lead to errors in processing your application and may lead to denial of your application.

Please complete this application and submit with copies of your:
 Official high school transcripts or GED certificate, drivers' license, social security card and a letter of intent
Applications not accompanied by these documents will be returned to applicant as incomplete.

PERSONAL INFORMATION

In this section, we are asking you to provide us with information regarding your identity, residence and dependent status.

Full Name:	Preferred Name:	Phone Number:	Social Security #:
Present Full Address (include city, state and zip):			Years at Present Address:
Birthdate:	Age:	Marital Status:	Number of Dependent Children:

Will you be applying for financial aid? Yes No

FAMILY INFORMATION

Mother's Full Name:		Father's Full Name:	
Is she living? Address – if different from yours: City, state, and zip code:		Is he living? Address – if different from yours: City, state, and zip code:	
Occupation:	Name of Business:	Occupation:	Name of Business:
College (if any):	Degree / Year:	College (if any):	Degree / Year:

Please check if parents are: married separated divorced Other: _____

EDUCATION

Please provide us with your education history, and the school that transcripts will be sent from.

High School (include name and location):	Subjects Studied:
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College (include name and location):	Subjects Studied:
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School (include name and location):	Have you ever attended this or any other Cosmetology School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list when and where:
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYERS

In this section, we are asking you for details regarding your employment history. Please provide information for at least two employers.

Name and Address of Employer #1:			
Phone of Employer #1:	Yr./Mo. Employed:	Position:	Hours Per Week:
Name and Address of Employer #2:			
Phone of Employer #2:	Yr./Mo. Employed:	Position:	Hours Per Week:
Name and Address of Employer #3:			
Phone of Employer #3:	Yr./Mo. Employed:	Position:	Hours Per Week:

Can we contact your employers? Yes No
 Will you be employed while attending school? Yes No

REFERRAL SOURCE

How did you learn about VICÍ Beauty School?

Current VICÍ student
 VICÍ graduate
 Counselor
 Friend/relative
 Campus visit
 Internet
 High school presentation
 Salon
 Other: _____ State name of student, graduate, or salon that referred you to us: _____

REFERENCES

Please provide us with two personal references not related to you, whom you have known at least one year.

Name of Reference #1:	Phone #:
Address of Reference #1 (include city, state zip code):	Relationship of Reference #1:
Name of Reference #2:	Phone #:
Address of Reference #2 (include city, state zip code):	Relationship of Reference #2:

OTHER INTERESTS

School and community activities in which you participated:	
Awards and honors received in school or out of school:	
List any other experience that you have that will help you in the cosmetology industry:	

HEALTH INFORMATION

Due to the physical demands of our industry, we ask that you please provide us with your health history.

Do you have any physical limitations that preclude you from working in the Cosmetology Industry? (please check all that apply)
 Back Problems
 Ankle
 Asthma
 Arm / Shoulder
 Wrist
 Leg

If you checked any of the above, please explain: _____

Have you had any serious illness in the past five years? Yes No If so, please explain: _____

CERTIFICATION AND AGREEMENT

Please read carefully: I hereby certify that the facts set fourth in the above application are true and complete to the best of my knowledge.

I understand that if accepted as a student, falsified statements on this application shall be considered sufficient cause for dismissal.

You are hereby authorized to make any investigation of my personal history and financial credit record through any investigation or credit agencies of your choice.

Signature: _____