

## Lytle's Redwood Empire Beauty College

School of Cosmetology & Esthetics

## **ENROLLMENT APPLICATION**

Program of Interest: Cosmetology Esthetics Undecided Desired Start Date:\_\_\_

• If you attended an Admissions Appointment, was it more than 6 months ago? Yes or No

Name:			
Last	First	Middle	
Street Address	City	State Zip	
Phone # to best reach you: ① (	-	t you by e-mail? Yes No	
Social Security #	Date of Birth:	Age:	
Government Issued ID #: (Example: Drivers License or Passport)	State:	Expiration Date:	
Current BBC License, if applicable: Cosmeto	ologist Esthetician License No	Exp Date:	
Ethnic Group: (This information is requi1. African-American2. American	red for statistical reporting to the US Depa can/Alaskan Indian 3. Asian		
2. Check the highest grade completed: Last High School Attended	blease contact an Admissions Represer 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> City / State:		
Is this your first time attending college? If no, list all schools attended beyond hig			
School: City/	State: School:	City/ State	
Work History (Current or Most Recent Employer:		To:	
Position Held: Clerical Customer	Service Retail Industry Rela	ated Other:	
<ol> <li>Housing during enrollment: With pa a. Approximately how many miles a</li> <li>Citizenship Status: US Citizen Pe If asked, can you provide proof of cit</li> </ol>	away from school do you live? rmanent Resident Other tizenship or INS permanent residency (		

5. Number of dependents: \_\_\_\_\_(List below)

Na	me	Age	Name			Age	
Name Age			Name			Age	
6.	Do you have any allergies to products,	latex, etc.? Yes	No If yes	, please explai	n:		
7.	Are you taking any medication which	you would like to n	nake the Co	llege aware of	? Yes No		
	a. If yes, please list the medications y	ou are taking:					
8. If y Ba	Have you ever been convicted of a crin than a minor traffic violation? Yes you answered yes, please see an Admission rbering & Cosmetology. This question ma	No If yes, briefly o s Representative. Ar	explain: <u></u> additional	application ma	y need to be com	pleted for the Board of	
Fi	nancing/Financial Aid:						
1.	Are you interested in applying for fina	ncial aid? ( <u>www.fa</u>	<u>fsa.ed.gov</u> )		Yes	No	
2.	Do you have funds saved for college?				Yes	No	
3.	Have you ever received financial aid? If "Yes," Where:				Yes When:	No	
4.	Have you defaulted on a student loan of	or do you owe a ref	und of feder	al funds?	Yes	No	
5. 6.	Has your financial situation changed find the second secon	-			Yes	No	
7. Re	(Example: unemployment, loss of busi Financial aid <u>will not</u> cover the \$2,000 Are you financially prepared to provid ferences: (can include family member)	0.00 down payment e the down paymen	required. It on your cl	ass orientation	n date? 🗖 Yes	,	
Reference				Relationship			
Ad	dress City	1	State	Zip	Phone #		
Re	ference				Relationship		

Address City State Zip

The information that you provide on this application will be kept confidential, and will help determine your ability to benefit from the program. Your information will be kept on file for 6 months. If no further contact after 6 months, all files will be purged.

Phone #

I certify that all information provided on this form is true and correct to the best of my knowledge. I also understand that I may be required to provide supporting documentation of the information reported. Falsifying information may result in denial of enrollment or expulsion from school.

Applicant's Signature:	Date:

Revised 05/19/2025