



ENROLLMENT APPLICATION

This application is a confidential document and will be used to evaluate eligibility. All information is confidential and will not be shared with anyone outside of Bos-Man's Barber College.

Please print or type:

SECTION 1. PERSONAL INFORMATION

Last Name	First Name	Middle Name
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Mailing Address	Apt.	City	State	Zip Code
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Date of Birth	Social Security Number	Sex: Male or Female
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Home Phone Number	Alternate Phone Number	Best time to call
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Driver's License or State ID Number: _____ Exp. Date _____

Email Address: _____

SECTION 2. EDUCATIONAL BACKGROUND

Do you have a High School Diploma or its Equivalent? _____ Date Received: _____

High School Attended: _____ Dates Attended: _____

Street Address: _____ City/State: _____

Zip Code: _____

If you have yet to graduate from high school or receive its Equivalent, what is your expected graduation date? _____

SECTION 3. COLLEGE PROGRAM

Course of Interest: _____ (Barbering or Instructor Trainee)

Anticipated Schedule: Full Time _____ Part Time _____

SECTION 4. REFERENCES

Please provide a list of three (3) references from individuals other than immediate family members.

Name: _____

Relationship: _____

Years Known: _____

Phone Number: _____

Name: _____

Relationship: _____

Years Known: _____

Phone Number: _____

Name: _____

Relationship: _____

Years Known: _____

Phone Number: _____

Please give us a brief idea of why you have chosen to become a professional barber or Barber Instructor._____

I, the undersigned, affirmed that the information I have provided on this application is true and correct to the best of my knowledge. Failure to comply with any of these terms will result in termination from Bos-Man's Barber College enrollment.

Signature of Applicant

Date

I, _____ have
received and read the Louisiana State Board of Barber Examiners
Rules and Regulations.

Signature: _____ Date: _____