

MOGO Salon Academy Enrollment Application

Personal Information			
Full Legal Name (Last, First, Middle)		Daytime Phone Number	
Former Name (if different from above)		Evening Phone Number	
Mailing Address: Street		Email Address:	
City	State	Zip	Date of Birth
Permanent Address (if different from above) Street		Current Age	
City	State	Zip	
Residency Information			
Are you a US Citizen? (Circle one please) Yes No		Social Security Number	
Country of Birth		How long have you been a resident?	
Drivers license # ID#			
		Alien Registration Number (if any)	
Education Plans			
Cosmetology	Esthiology	Nails	Date you are planning to begin
Have you ever attended Cosmetology or Esthiology school?		Program Attended and Start Date	
Are you a transfer or re-entry student? Yes No		How many hours are needed?	
How did you hear about MOGO Salon Academy?			
Will you be paying in full for a 10% discount?			
Will you be making monthly payments?			
Educational Background			
Name of High School/ Colleges Attended		City/State	Dates Area of Study

Personal History

List any information that you want MSA to know about you, why do you want to attend MOGO Salon Academy, and what are your future career goals? (Use additional paper if needed)

Please submit all of the following with the enrollment application.

- Completed enrollment application form
- Signed High School Counselor Form (if applicable)
- 2 passport size photos
- An official High School transcript, copy of your diploma or GED, or Ability-to-Benefit form
- Drivers license or Government Issued Picture ID
- Social Security Card
- \$272 registration fee (non-refundable)
- Signed acknowledgement that School Catalog and Student Handbook were received and read
- Signed Notice of Ineligibility Form
- Emergency Contact Form

Student Certification

I certify that the information I have provided to MOGO Salon Academy is complete and accurate to the best of my knowledge. I understand that misrepresentation of information is sufficient grounds for canceling admission to MOGO Salon Academy.

Applicant's Signature

Date:

Parent or Guardian Signature:

Date:
