

**ALL IN THE WRIST
BARBER & BEAUTY ACADEMY**
202 N. DuPont Boulevard, Smyrna Delaware 19977
(302) 659-1027

Application for Enrollment

Applicant Information (Please Print)

Email: _____ Program of interest _____ Part time or Full time (circle one)

(check one please) _____ New Applicant _____ Re-Entry _____ Transfer Applicant (yes/no) Disabled? _____

Date of Birth _____ Age _____ Legal Name: _____

_____ Last First Middle

Maiden or Other Names used: _____ Male ___ Female ___ Race/Ethnicity _____

Preferred Language _____

Telephone Numbers: Day () _____ - _____ Evening () _____ - _____

Present Address: _____

City: _____ State: _____ Zip: _____

How long have you lived here? _____ Previous Address (If less than 3 years): _____

How long did you live at this address? _____

Social Security # _____ - _____ - _____ Driver's License # _____

How did you hear about It's All In The Wrist Barber Academy?

Education History

High School attended: _____ Address: _____

High School Diploma (12th Grade transcript required) _____ GED _____ Other _____

Dates Attended: _____ Are you currently in High School? Yes _____ Expected Graduation Date: _____ No _____

Have you had any barbering training or experience? _____ If Yes Please explain: _____

Employment

Are you currently employed? Yes _____ Employer: _____ Hours: _____ No _____

Personal Information

Status: (Circle One) Married Single Divorced _____

Citizenship: () U.S. () Resident Alien: # _____ Other: _____

Is English your native language? () Yes () No Native Language: _____

Have you ever been convicted of a felony? Yes () No ()

Are you currently on probation? Yes () No () If yes, please explain: _____

Do you have any physical limitations or learning disabilities? Yes () No () If yes please explain: _____

Is there any condition or circumstances which would cause you to interrupt or stop your training before you complete?

Yes () No () If Yes, date of expected interruption: _____

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Parent information: (If less than 18 years of age please complete this section)

Name: _____ () Father () Stepfather () Guardian
Address: _____ Telephone Number: (____) _____
Name: _____ () Mother () Stepmother () Guardian
Address: _____ Telephone Number: _____

Emergency Contact Information

Name: _____ Address: _____
Phone Number (s): _____

Reference (Optional)

List two individuals who can attest to your character and/or interest in barbering profession. Please do not list immediate family members or individuals who are under the age of 18.

Name: _____ Address: _____ Telephone
Number: _____
Name: _____ Address: _____ Telephone
Number: _____

I certify that the information on this application is complete and accurate in every aspect. I realize that failure to provide accurate and/or complete information can result in a cancellation of the application and/or revoke your admission.

Signature of Applicant: _____ Date: _____

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Student Assessment

I enjoy working with other people	Yes	No	Maybe
I like to help people look and feel better	Yes	No	Maybe
I am a creative person	Yes	No	Maybe
People ask me for help with their hair	Yes	No	Maybe
People frequently complement me on my appearance	Yes	No	Maybe
I keep up with fashion trends	Yes	No	Maybe
I want a career in barbering: not just a job	Yes	No	Maybe
I want to own a barbershop	Yes	No	Maybe
I want to manage a barbershop	Yes	No	Maybe

Are you Right handed or left handed? (circle one)

Right

Left

Thank you! 😊

For Office use Only

Admissions Counselor

Owners and Director

Recommended _____

Accepted _____

Not Recommended _____

Not Accepted _____

Other _____