

ALL IN THE WRIST BARBER 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?

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**Education History**

High School attended: \_\_\_\_\_ Address: \_\_\_\_\_

High School Diploma (12<sup>th</sup> 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!*** 😊

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*For Office use Only*

**Admissions Counselor**

**Owners and Director**

Recommended \_\_\_\_\_

Accepted \_\_\_\_\_

Not Recommended \_\_\_\_\_

Not Accepted \_\_\_\_\_

Other \_\_\_\_\_