

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 _____

(check one please) _____ New Applicant _____ Previously Enrolled Student _____ Transfer Applicant

Date of Birth _____ Age _____ Legal Name: _____
Last First Middle

Maiden or Other Names used: _____

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 _____ No _____ Expected Graduation Date: _____

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

Employment Experience: (Present or last job)

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

Address: _____

Telephone Number(s): () _____ - _____ Job Title: _____ Dates _____

Employed: _____

Supervisor contact: _____ Reason for leaving (if applicable): _____

Personal Information

Status: (Circle One) Married Single Divorced_

Number of children who live at your residence: _____

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 ()

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

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

Have you had any recent serious Accidents, Illnesses or Surgery? Yes () No () If yes please explain:

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

Are you currently taking any medications? Yes () No () If yes, please list and 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: _____

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

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: _____

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

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 _____