



CHRIS P. BARBER ACADEMY
 1036 COLLETON DRIVE
 SARASOTA, FL 34234
 (941) 359-2887
[HTTPS://CHRISPBARBERACADEMY.COM](https://CHRISPBARBERACADEMY.COM)

Application for Admissions

All information requested is to establish eligibility and a record for the individual in the institution. Disclosure of this information is voluntary, however, failure to provide accurate and complete information will prevent enrollment of the individual in the program. No qualified person will be excluded from enrollment at the institution based on age, gender, disability, or national origin. The confidentiality of applicants' and student's records is strictly protected.

Section 1. Personal Data of Applicant					
First Name _____ Middle _____ Last Name _____					
Date of Birth: _____ Primary Language _____					
Social Security Number _____ - _____ - _____ Gender: ____ Male ____ Female					
Address _____ _____			City _____		
			State _____ Zip _____		
Home Phone (____) _____		Cell Phone (____) _____		Email _____	
Place of Birth _____		Do you have a valid driver's license? Yes ____ No ____		State: _____ DL# _____	
Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____ Make _____ Model _____					
(If under 18) Name of Parent/Guardian: _____				Parent/Guardian Phone: (____) _____	
Section 2. Education Background (Highest level obtained)					
Name of School / Institution	Major Area of Study	From (Mo/Yr)	To (Mo/Yr)	Location (City/State)	Certificate, Diploma or Degree Earned
HIGH SCHOOL DIPLOMA/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A basic skills examination shall be administered unless evidence of a diploma is provided.					

Any Type of Training/ Description of Work Performed	From (Mo/Yr)	To (Mo/Yr)	Location	Reason for Leaving

Section 4. Hobbies / Interests

Section 5. Other Criteria

Have you been convicted of a major misdemeanor or felony in the United States of America or any of its possessions or territories? Yes _____ No _____
 If yes, please state specifics, including dates, city & state, offense, disposition, and comments. Attach documentation to this application.

Current Employer _____ Start Date _____
 Location _____ Phone _____

What hours and days do you work?

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____

Other Source(s) of Income

Our school is open Monday - Saturday, 9 am - 5 pm. What days and hours would you be able to attend school?

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____

Section 6. Emergency Contact Information

Name of Main Contact _____
 Relationship _____
 Phone Number _____

Name of Main Contact _____
 Relationship _____
 Phone Number _____

Section 7. Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ Phone (____) _____

Insurance Company _____ Policy # _____

Allergies/Disabilities/ Special Health Considerations/ Regular Medications:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures that may be performed or prescribed by the attending physician and/or paramedics for myself and waive my right to informed consent of treatment. This waiver applies only if neither contact can be reached in the case of an emergency.

SIGNATURE _____ DATE _____

Section 8. ReferencesPlease provide three references (**NOT family members**)

First Name/Last Name	Phone Number	Length of Acquaintance
	()	
	()	
	()	

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any false information contained herein is grounds for dismissal of my application.

Applicant Signature _____ Date _____

(If under 18) Parent/Guardian's Signature _____ *Date* _____**OFFICE USE ONLY**\$50 Application Fee Paid: ☐ Yes ☐ NoAll documentation included: ☐ Yes ☐ No\$100 Transfer/Re-entry Fee Paid: ☐ Yes ☐ No

Remarks: