



CHRIS P. BARBER ACADEMY
 1036 COLLETON DRIVE
 SARASOTA, FL 34234
 (941) 359-2887
[HTTPS://CHRISBARBERACADEMY.COM](https://CHRISBARBERACADEMY.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 _____
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Place of Birth _____	Do you have a valid driver's license? Yes ___ No ___	State: _____ DL# _____
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Do you own a car? Yes No Year _____ Make _____ Model _____

(If under 18) Name of Parent/Guardian: _____	Parent/Guardian Phone: (____) _____
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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? Yes 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. References

Please provide three references (**NOT family members**)

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

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	All documentation included: <input type="checkbox"/> Yes <input type="checkbox"/> No
\$100 Transfer/Re-entry Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: