



**NEW IMAGE TECHNICAL CENTER**

**APPLICATION**

**I hereby apply for acceptance in the program of study checked below (Mark ONLY one):**

**Program:    Cosmetology                  Nail Technology                  Esthetics**

**(CIRCLE)**

**FULL TIME HOURS**  
Tue—Sat 8:00am to 4:30

**PART TIME HOURS 2—3 days per week**  
Tue Wed Thur Friday or Sat  
8:00am to 4:30pm

**APPLICANT INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ SEX Male Female SSN. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: S M D W No of Children \_\_\_\_\_ Ages \_\_\_\_\_ Right or Left Handed

US Citizen Y N Driver's License Number \_\_\_\_\_ E-mail \_\_\_\_\_

Person to be contacted in case of emergency : \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Name of Parent (s) or Guardian (s) Required of applicants under 18 years of age \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Highest level completed: \_\_\_\_\_ Receive: Diploma or GED Employed Y N \_\_\_\_\_

How do you plan to finance your education?    \_\_\_ Cash    \_\_\_ Credit    \_\_\_ Payments

At New Image Technical Center, we are committed to producing exceptional salon professionals. We provide exceptional facility, faculty and specialized training programs to help you channel your creativity. We prohibit the use of alcohol, tobacco or drugs (except those prescribed by a physician). I certify that all answers on this application are true and complete to the best of my knowledge. I also understand that submitting false information may be sufficient cause for the school to cancel my enrollment and require withdrawal and in no way releases self from incurred financial obligations. .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*THIS APPLICATION CREATES NO OBLIGATION FOR THE APPLICANT AND DOES NOT GUARANTEE ACCEPTANCE INTO A COURSE OR CLASS

825 W. Hwy 50  
O'Fallon, IL 62269  
618-624-2099

10537 Ellis Road  
St. Jacob, IL 62281  
618-644-2099