



**Application for Admissions**  
**Headlines Barber Academy**  
 4327 State Ave.  
 Kansas City, Kansas 66102



**Date:** \_\_\_\_\_

|                          |            |                          |            |                                  |  |
|--------------------------|------------|--------------------------|------------|----------------------------------|--|
| <b>Full Name</b>         |            | <b>Home Address</b>      |            | <b>City, State, County</b>       |  |
|                          |            |                          |            |                                  |  |
| <b>Home Phone Number</b> |            | <b>Cell Phone Number</b> |            | <b>Birth Place (City, State)</b> |  |
|                          |            |                          |            |                                  |  |
| <b>Sex</b>               | <b>Age</b> | <b>Race</b>              | <b>SSN</b> | <b>Marital Status</b>            | <b>Currently Employed</b>                                |
|                          |            |                          |            |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                           |                |                     |                       |  |  |
|---------------------------|----------------|---------------------|-----------------------|--|--|
| <b>Emergency Contacts</b> |                |                     | <b>If yes, Where:</b> |  |  |
| <b>Name</b>               | <b>Address</b> | <b>Phone Number</b> |                       |  |  |
|                           |                |                     |                       |  |  |
|                           |                |                     |                       |  |  |
|                           |                |                     |                       |  |  |

Are you under 21:     Yes     No    **If yes, go to next line**

|                                |  |                         |
|--------------------------------|--|-------------------------|
| <b>Name of Parent/Guardian</b> |  | <b>City, State, Zip</b> |
|                                |  |                         |

|                                   |                         |
|-----------------------------------|-------------------------|
| <b>Father Place of Employment</b> | <b>City, State, Zip</b> |
|                                   |                         |

|                                   |                         |
|-----------------------------------|-------------------------|
| <b>Mother Place of Employment</b> | <b>City, State, Zip</b> |
|                                   |                         |

|   |                                |                       |
|---|--------------------------------|-----------------------|
| <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED | <b>School Name and Address</b> | <b>Date Graduated</b> |
|   |                                |                       |

Have you ever attended any other school(s) Prior to this one?     Yes     No

Please List Schools:

  
  
  
  

- Please complete this form and return it to the address on the top of the form.
- A. If you are a High School Senior, please request a copy of your High School Transcripts and bring them with you.
  - B. If you have a GED, Please have a complete transcript and bring it with you.
  - C. If you are transferring from another Barber school prior to HBA, Please have a from the institution and bring with you.
  - D. Bring a copy of your valid Drivers license or State issued ID (Picture Visible)

Signature \_\_\_\_\_ Date \_\_\_\_\_