



The Academy – School of Barbering
School Code #18006
998 Geneva Avenue, San Francisco, CA 94112
www.theacademybarbercollege.com
(415) 850-8433
(650) 619-6915

All applicants must have completed the 10th grade or its equivalent as required by the California State Board of Barbering and Cosmetology. Applicants must provide certification of at least a 10th grade education and must be at least 17 years old.

Have you completed the 10th grade or its equivalent? YES/NO

Are you at least 17 years old? YES/NO

Course of Study: Check all that apply.

FULL-TIME _____ PART-TIME _____ BASIC BARBERING _____ CROSS-OVER _____

Personal Information:

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ MOBILE PHONE: () _____

EMAIL ADDRESS: _____

DATE OF BIRTH (MM/DD/YYYY): _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRATION DATE: _____

Citizenship:

CITIZEN OF THE UNITED STATES _____

PERMANENT RESIDENT OF THE UNITED STATES _____

NOT A U.S. CITIZEN OR PERMANENT RESIDENT _____

Employment:

NAME OF EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR NAME: _____

SUPERVISOR NUMBER: () _____

OCCUPATION: _____

DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____



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NAME OF EMPLOYER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SUPERVISOR NAME: _____
SUPERVISOR NUMBER: () _____
OCCUPATION: _____
DATES OF EMPLOYMENT: _____
REASON FOR LEAVING: _____

Have you ever been convicted of a felony or misdemeanor: YES/NO

If yes, please enter date(s) and provide details of conviction(s): _____

Do you owe back taxes, child support or alimony? YES/NO

When can you start training? _____

How did you hear about us? _____

Emergency Contacts:

NAME: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

I certify that the information I have provided on this application is complete and accurate. Any willful misrepresentation of facts may be cause for withdrawal of my application for consideration, cancellation of admission or registration or suspension from the school.

SIGNATURE OF APPLICANT: _____ DATE: _____