

## Pre-ENROLLMENT APPLICATION FORM

The first step for becoming a student at Louisiana Barber Academy is to complete this application and submit it along with the documents listed on page two to the Owner/Instructor: Jason Walker. Please take time to visit our website @ [louisianabarberacademy.com](http://louisianabarberacademy.com) to view our Student Handbook for detailed information about the programs offered, costs, expectations, and policies.



### PLEASE PRINT ALL INFORMATION NEATLY

#### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Other \_\_\_\_ Race: \_\_\_\_\_ Single: \_\_\_\_ Married: \_\_\_\_ Divorced: \_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

CellPhone Number: \_(\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

##### Contact #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_(\_\_\_\_) \_\_\_\_\_

##### Contact #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_(\_\_\_\_) \_\_\_\_\_

#### EDUCATIONAL BACKGROUND

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

Graduation Year/GED Completion: \_\_\_\_\_

Additional Education (if any): \_\_\_\_\_

If you have not graduated from high school yet, what is your expected date of graduation? \_\_\_\_\_

Have you attended a barber or cosmetology school before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of school \_\_\_\_\_

#### PROGRAM INFORMATION

Which program are you interested in? \_\_\_\_ Barbering \_\_\_\_ Barber Instructor \_\_\_\_ Cosmetology Crossover

Preferred Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Desired Schedule: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

T-Shirt Size \_\_\_\_\_ Barber Jacket Size \_\_\_\_\_



## ADDITIONAL INFORMATION

Why do you want to pursue a career in barbering or become a barber instructor?

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Do you have any prior experience in hair cutting or styling? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Were you in a barbering program before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what school did you attend and how many hours do you have?

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How did you hear about us? \_\_\_\_\_

## DOCUMENTS REQUIRED TO SUBMIT THIS APPLICATION FOR THE BARBER/STYLIST PROGRAM

- Copy of Birth Certificate
- Copy of Social Security Card
- Two passport photographs of the student-Can be printed at Walgreens
- High school diploma **AND** transcript showing graduation date or a passing grade on equivalence test (GED)
- \$25 NON -REFUNDABLE application fee

## DOCUMENT REQUIRED TO SUBMIT THIS APPLICATION FOR THE COSMETOLOGY CROSSOVER PROGRAM:

- Copy of valid Louisiana Cosmetology License
- \$25 NON -REFUNDABLE application fee

## DOCUMENT REQUIRED TO SUBMIT THIS APPLICATION FOR THE BARBER INSTRUCTOR PROGRAM

- Copy of valid Louisiana Barber's License (FOR BARBER INSTRUCTOR PROGRAM ONLY)
- \$25 NON -REFUNDABLE application fee

Payment methods accepted: cash, credit or debit card(4% processing fee for card transactions), money order, cashier's check made payable to Louisiana Barber Academy. No personal checks accepted.

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of admission or dismissal from the program.

The Application for Enrollment will not be accepted without the required documents and the \$25 non-refundable application fee. Click the **APPLY NOW** button on the website to pay or you can pay cash.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## FOR OFFICE USE ONLY (Do not write below this line)

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Application Fee Paid: \_\_\_\_\_ Yes \_\_\_\_\_ No

Payment Method Used: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_