

FAMOUS CUTZ ACADEMY
7910 W. THOMAS ROAD PHOENIX, AZ 85033
FAMOUS CUTZ ACADEMY BARBER SCHOOL APPLICATION

PERSONAL INFORMATION

NAME (FIRST, MIDDLE, LAST): _____

HOME ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ GENDER: M / F

Please list any physical disabilities that Famous Cutz Academy should be aware of. _____

EMERGENCY CONTACT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____

ADMISSION INFORMATION

Highest level of education completed: ☐ High School Graduate ☐ GED Certificate ☐ Some College

☐ Other: _____

Desired Program: ☐ Barber ☐ Instructor

Have you attended barber school previously? YES ☐ NO ☐ If Yes, Name of School: _____

Have you ever been found guilty or convicted of a felony? YES ☐ NO ☐ PENDING CHARGE(S) ☐

Have you ever been convicted of a sexual offense? YES ☐ NO ☐ PENDING CHARGE(S) ☐

I certify the information that I have given is true and correct. I have also received or had access to all pre-enrollment information regarding Famous Cutz Academy's outcome rates (prior to enrollment) for the students in the school, the physical demands and safety requirements for the profession of barbering, the state licensing requirements, and a copy of the school catalog.

Signature of Applicant

Date

Signature of Guardian (if applicant is a minor)

Relationship to Student

Date