## **B & E Barber Institute**

107 Main Street

Collins, MS 39428

Phone: 1-769-299-8474 E-Mail: bebarberinstitute76@gmail.com

## **APPLICATION FOR ADMISSION**

INSTRUCTIONS: 1. PLEASE PRINT CLEARLY 2. COMPLETE ALL SECTIONS.

PERSONAL INFORMATION			
DATE//			<u>-</u>
NAME			
ADDRESS (Street)			
(City)	(State)	(Z	<i>ip</i> )
TELEPHONE #	DATE OF BIR	TH/_	/ (mm/dd/yy)
E-mail		Sex: Male	e Female
ARE YOU A U.S. CITIZEN? Yes _	No	COUNTRY	Y
ARE YOU A LEGAL RESIDENT	OF MISSISSIPPI?	Yes	No
HIGH SCHOOL ATTENDED			
	(Name	of school)	
City Stat	e	Zip	code
DATE OF HIGH SCHOOL GRAD			
DATE OF GED//			
COLLEGE ATTENDED AND DATE			
PLEASE NOTE: High school diplor			roof of GED is required
before student can be approved for a	, 0	race of the	
HAVE YOU EVER BEEN CONVI	CTED OF A CRIN	TF?	(NOTE: STATE I AW
MAY PROHIBIT ANYONE CONV			
LICENSE TO PRACTICE BARBE	CRING).		
SIGNATURE		DAT	ΓΕ/