

4310 E. McDowell Rd., Phoenix, AZ 85008 | Phone:602-441-4914 | Email: ezbarberschool@gmail.com

Student Information Full Name: ______DOB: ____SSN: _____ Address: ______City/State/Zip: _____ Phone: _____ Email: _____ **Program Selection** ☐ Barbering Program (1,200 Hours) - \$13,500 Total (includes kit, books, uniform) ☐ Stylist to Barber Program (200 Hours) - \$2,300 Total (kit not included) ☐ International Barber Program (350 Hours) - \$3,800 Total (kit not included) Payment Plan Selection ☐ Paying in Full ☐ Payment Plan (details are discussed during enrollment consultation.) **Emergency Contact** Name: _____ Phone: _____ Relationship: Class Schedule Commitment School Hours: Tue-Fri 10:00 AM - 6:00 PM; Sat 10:00 AM - 5:00 PM; Closed Sun & Mon Please mark your committed schedule (within open hours): ☐ Wednesday: _____ to ____ ☐ Tuesday: _____ to _____ ☐ Thursday: ______ to _____ ☐ Friday: _____ to _____ TOTAL HOURS PER WEEK: _____ ☐ Saturday: _____ to ____ Commitment & Acknowledgment I certify the information provided is true and correct. I understand that my success depends on consistent attendance. By typing/signing my name below, I confirm my commitment to the schedule above and agree to notify the school in advance if changes are needed. Student Name (typed acts as signature): _________ Date: ______

Parent/Guardian Signature (if student is a minor): Date: