



CHASTE HAIR INSTITUTE

3 S. Austin Blvd
Chicago, IL 60644
Ph: 773-417-4665
www.ChasteHairInstitute.com

For Office Use Only	
Student ID	
Start Date	
Referred By	

Applicant Name: _____ SS#: _____ DOB: _____

Phone#: _____ DL#: _____ Email: _____

Current
Address: _____

Unit City State Zip

Program Applying for: _____ Start Date: _____

Do you currently hold a license in cosmetology or barbering?: _____

If so, License #: _____

Are you a transfer student?: _____

Name of Transfer School: _____

Phone #: _____ Start Date: _____ End Date: _____ How many Hours Completed?: _____

Address: _____

Unit City State Zip

Why did you choose to get an education in the Hair/Beauty Industry? : _____

Why at Chaste Hair Institute?: _____

Why are you an asset to the industry?: _____

What is success to you?: _____

Below is a list of pre-enrollment requirements. Please initial each to verify you qualify for enrollment:

____ You are at least 16 years of age (18 years of age for Hair Braiding Teacher Program)

____ You can produce a current State ID or DL

____ You hold a high school diploma or GED equivalent

____ You can produce a sealed official high school transcript or GED equivalent

By signing below, you acknowledge the following: You authorize investigation of all statements contained herein. There is a \$100.00 non-refundable application fee per enrolling student. You are agreeing to allow Chaste Hair Institute and/or its affiliates to run a background check as well as verify your listed education history. Your application will not be processed without the fee being paid.

You acknowledge that you have provided true, accurate, and complete information to process this application to the best of your knowledge. If you are successfully enrolled into the school; falsified statements on this application shall be grounds for termination of any contracts, agreements and/or expulsion. You further understand the completion of this application, and/or granting of an interview does not in any way guarantee enrollment into the school.

Applicant Signature

Date



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Sealed Transcript Verification

Please fax this form back to: 708-667-1446

OR

Scan and email to: Enroll@ChasteHairInstitute.com

Applicant Name: _____ Phone#: _____

Name of High School or GED Facility: _____

Phone#: _____ Start Date: _____ End Date: _____ Did you graduate?: _____

Address: _____

Unit

City

State

Zip

I have applied to enroll at Chaste Hair Institute. My signature below gives permission for my information to be released. Please fill in the below required information so my application can be processed. I thank you for your prompt attention.

Applicant Signature

Date

School Administrator, Please Complete the Following

Did the applicant complete a High School or GED Program?: _____

Enrollment Dates: Start _____ End _____ Did they graduate?: _____

Other Comments: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____

For Office Use Only:

How was this form verified? Circle One: Phone / Fax / Email

Verified By (Administrator): _____ Title: _____

Date: _____



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Transfer School Verification

Please fax this form back to: 708-667-1446
OR
Scan and email to: Enroll@ChasteHairInstitute.com

Applicant Name: _____ Phone#: _____

Name of Transfer School: _____

Phone#: _____ Start Date: _____ End Date: _____ How many Hours Completed?: _____

Address: _____

Unit

City

State

Zip

I have applied to enroll at Chaste Hair Institute. My signature below gives permission for my information to be released. Please fill in the below required information so my application can be processed. I thank you for your prompt attention.

Applicant Signature

Date

School Administrator, Please Complete the Following

What is/was the applicant's enrolled program?: _____

Enrollment Dates: Start _____ End _____ Full or Part Time: _____

Hours Earned: _____ Did the applicant complete the program?: _____

Other Comments: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____

For Office Use Only:

How was this form verified? Circle One: Phone / Fax / Email

Verified By (Administrator): _____ Title: _____

Date: _____