

Application For Admission
To
Fayette Beauty Academy
386 N. Glynn St
Fayetteville, GA 30214
770-461-4669

General Information:

Name: _____ Social Security #: _____

Current Mailing Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Date of Birth: _____ Sex (M or F): _____ U.S. Citizen: () Yes () No

Marital Status: () Single () Married () Separated () Divorced () Widowed

Do You Have Children? _____ If so, how Many? _____

Driver's License #: _____ Birthplace: _____

Employer: _____ Phone: (_____) _____

Address: _____

Education Information:

High School (circle one): 8 9 10 11 12 Year Graduated: _____ GED _____ Year _____

Vocational/Technical/Business (circle years completed): 1 2 3 College: 1 2 3 4

Name of High School: _____ City/State: _____

Post Secondary School (Course): _____ Degree: _____

Emergency Contact Information:

In Case of Emergency, Notify: Name _____ Relation _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Address: _____

Address: _____

I submit this application as a true statement of fact for your consideration.

Applicant Signature _____ Date _____

Parent's Signature _____ Date _____