

XENON

8516 Park Drive
 Omaha, NE 68127
 (402) 393-2933
 FAX (402) 393-0104

XENON

BRANCH CAMPUS
 804 N Webb Rd
 Grand Island, NE 68803
 (308) 395-8600
 FAX (308) 395-8601



XENON ACADEMY

**XENON**

2231 S Peoria
 Aurora, CO 80014
 (303) 752-1560
 Fax (303) 752-0218

Please complete this form. Mail or bring to the Enrollment Office at Xenon Academy, along with the following information:

- A. A copy of High School Diploma / G.E.D. / College Transcript
- B. A copy of Birth Certificate or verification of birth
- C. Photo I.D. or Photograph
- D. Application Fee

To ensure quality education, enrollment is limited.

Foreign high school diplomas must be translated to English, be verified for validity and equivalence at the students expense.

ENROLLMENT APPLICATION

PROGRAM INFORMATION

I hereby apply for acceptance in the program of study checked below:

<input type="checkbox"/> Cosmetology		<input type="checkbox"/> Esthetics		<input type="checkbox"/> Educator					
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June				
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December				

APPLICANT INFORMATION

<input type="checkbox"/> Ms.		<input type="checkbox"/> Miss		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Mr.							
Last Name				First		Middle							
Street Address						Apartment/Unit #							
City				State		ZIP							
Phone				Cell Phone			Email Address						
Date of Birth				Age			Place of Birth						
Sex		<input type="checkbox"/> Male		<input type="checkbox"/> Female		Driver's License Number							
Place of Employment				Phone Number									
Pivot Point Books: Yes OR No		Left handed shear OR		Right handed shear		Dinair Kit: Light/Fair OR		Medium OR		Dark OR		Tan	
Please circle one: YES, I would like to purchase a tablet NO, I do not need a tablet. I already have an approved device.													
I am:		<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Divorced		<input type="checkbox"/> Separated		Number of Children _____		Ages:	

If married, spouse's name and place of employment

CONTACTS

Person to be contacted in case of emergency:											
Phone						Alternate Phone					
Name of Parent(s) or Guardian(s): <i>Required of applicants under 18 years of age</i>											
Phone						Alternate Phone					
Address											
City				State				Zip			

EDUCATION

High School		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If not, did you get your G.E.D.?</i>	YES <input type="checkbox"/> Date: _____	NO <input type="checkbox"/>
College		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
How do you plan to finance your education?		<input type="checkbox"/> Personal Payments	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Other _____			

CHARACTER REFERENCES

Please list two professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Where did you obtain the information which led you to enroll at Xenon Academy? Mark all that apply.

<input type="checkbox"/> Xenon Graduate/ Name _____	<input type="checkbox"/> Salon Owner/ Name _____
<input type="checkbox"/> Friend/ Name _____	<input type="checkbox"/> Guidance Counselor/ High School Information
<input type="checkbox"/> Internet/ Website	<input type="checkbox"/> Xenon Representative
<input type="checkbox"/> Direct Mailing	
<input type="checkbox"/> Career Day/ Career Fair	
<input type="checkbox"/> Other: _____	

ESSAY STATING INTERESTS AND REASONS FOR ATTENDING XENON ACADEMY

DISCLAIMER AND SIGNATURE

Consent to be signed by parent or guardian if applicant is under 18 years of age: In the event of emergency, illness or injury, permission is hereby granted to the staff of Xenon Academy to refer the named applicant to a local physician.

Signature	Date
Parent Signature	Date

Office Use Only
 Admissions Representative Signature _____ Date Received _____