

XENON

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



XENON ACADEMY

**XENON**

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

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 (for Esthetics program only): 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:
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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 _____