



**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"/> Cosmetology Student Instructor	<input type="checkbox"/> Barber		
<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			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							
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 19 years of age</i>			
Phone		Alternate Phone	
Address			
City		State	Zip

(OVER)

**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 references*

Full Name	Relationship
Email Address	Phone ( )
Full Name	Relationship
Email Address	Phone ( )

*Where did you obtain the information which led you to enroll at Xenon Academy? (Mark all that apply) We want to thank them!*

<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"/> Career Day/ Career Fair	<input type="checkbox"/> Other: _____

**INTERESTS AND REASONS FOR ATTENDING XENON ACADEMY**

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I would like to purchase paper Pivot Point books in addition to e-books in kit

I would like to purchase a tablet as part of my student kit

I will need left-handed shears in my student kit

**Esthetic students ONLY:** Light OR Medium OR Tan OR Dark make-up kit

**DISCLAIMER AND SIGNATURE**

*In the event of emergency illness or injury, permission is hereby granted to the staff of Xenon Academy to call for emergency medical services.*

Signature	Date
Parent Signature <small>(if applicant is under 19 yrs of age)</small>	Date

<b>Office Use Only</b>
Admissions Representative Signature _____ Date Received _____