



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 student's 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"/> Esthetic Student Instructor	
<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

I will need left-handed shears in my student kit

T-shirt size _____

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

Xenon Academy prohibits sex discrimination in any education program or activity that it operates. Individuals may report concerns or questions to the Title IX Coordinator. The notice of nondiscrimination is located at www.xenonacademy.net

Office Use Only
Admissions Representative Signature _____ Date Received _____