



APPLICATION/STUDENT PROFILE SHEET

DATE: _____

THIS FORM MUST BE FILLED OUT COMPLETELY! If something does not apply to you, please place an N/A on the line.

First Name: _____ Middle Name: _____ Last Name: _____

The following will need to be emailed beforehand or brought into the College at your Enrollment appointment:

- Driver's License or State Issued ID Card or US Passport
- High School Diploma/Transcripts, GED, College Transcripts PSA – Home Schooling
- Social Security Card
- Application Fee \$100 (non-refundable)
- If you have previous hours from another school; bring Proof of Training documents
- Complete Free Application for Federal Student Aid (FASFA) if applicable
<https://studentaid.gov/h/apply-for-aid/fafsa>
- Certificate of completion from Milady's Infection Control, use the following code **chbc-rise927**
<https://www.miladytraining.com/courses/infection-control>
- Certificate of completion for Sexual Harassment Prevention Training
<https://www.dfeh.ca.gov/shpt/>

PLEASE SEND APPLICATION & the above TO **Jamie.enriquezchbc@gmail.com** THE ASST. DIRECTOR OF ADMISSIONS

Cosmetology Schedule A or B or Accelerated Cosmetology Students are you Right or Left-Handed
Esthetician Manicurist Start Date Desired: _____

Personal Information

Last Name: _____ First Name: _____ MI: _____
 Maiden Name: _____ Spouse's First: _____ MI: _____
 SSC: _____ Date of Birth: _____ Current Age: _____ US Citizen? YES NO
 Street address: _____
 City: _____ State: _____ Zip: _____
 *Email: _____ *Cell Phone: _____
 Driver License/State ID #: _____ State of Driver License/ID: _____ Nationality: _____

Marital Status: Single Married Divorced Widowed Gender: Female Male
*By providing email address, cell phone & cell phone carrier information, I am authorizing Citrus Heights Beauty College to contact me via these methods. _____(Student Initials)

High School Graduation Date: _____ High School you attended: _____

Education Level:
HS Diploma Current HS Student Some Post-Secondary Associates Degree HS Transcript GED College Grad
(Please note: Foreign high school diplomas must be translated into English, evaluated, and verified (Notary is not acceptable) that it is equivalent of a United States High School Diploma.) Please see admin office for acceptable verification companies.

Will you be living with your parent(s) while in attendance at Citrus Heights Beauty College? YES or NO
 Parents'/Guardians' Name: _____
 Street address: _____ City: _____ State: _____ Zip: _____
 *Email: _____ *Cell Phone: _____ Work Phone: _____

Are you a Veteran: YES NO Previous Hours from another school YES NO How many previous hours: _____
 Name of the previous school: _____ We need transcripts and Proof of Training

Will you be applying for Federal Financial Aid? YES NO
 Have you applied for FASFA? YES NO If yes... what date did you apply? _____
 If you were enrolled in another College at any time in the past year, did you receive Federal Financial Aid YES NO
 If so, was it the PELL GRANT STUDENT LOAN BOTH

How will you be paying for your Tuition at Citrus Heights Beauty College? Mark an X to all that applies.

_____ Paying cash/credit card (Credit Card payments can also be setup on AUTO Pay) or check Monthly- This is the cost of the tuition divided by the number of months in the program. Due by the 15th of each month.

_____ Financial Aid (must have already applied)

_____ Other: (please explain) _____

How did you hear about us?

Word of mouth/friend Internet Advertisement Other-please explain _____

Emergency Contact Information:

Name: _____ Cell Phone: _____ Business Phone: _____

Name: _____ Cell Phone: _____ Business Phone: _____

Medical Insurance Company: _____ Insurance Group Number: _____

Hospital Preference: _____ City: _____ State: _____ Zip: _____

List all medications that are taken on a regular basis:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Are there any medical conditions that the school needs to be made aware of:

Reference must be completed in full, or application will be denied.

Reference 1

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

Reference 2

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

Reference 3

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____:

Reference 4

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____:

Student Signature Date

Parent/Guardian Signature, if applicable Date