

2021 Application for Enrollment: Cosmetology Program

Last Revised 01/2021

Alure Academy at Salon Alure 1020 E. Main St., Suite H, Purcellville, VA 20132 www.alurehairacademy.com 540-338-8911 | alurehairacademy@gmail.com









HOW TO APPLY -

- 1. Complete this application form and return it. Request your high school diploma or post-high school transcripts.
- 2. Contact admissions to schedule a tour, a class visit, and an interview. You'll get to meet our team and learn about our curriculum, textbooks, kits and policies.
- 3. Sign your enrollment agreement and pay your \$100 registration fee.

Please print or type.

GENERAL INFORMATION

Please note that some information is used to complete mandated Federal government statistics report. We do not discriminate.

statistics report. We do not discrin	ninate.			
Course of study: Cosmetology				
Name				
First	Middle		Last	
Address				
Number & Street	City	State	Zip Code	
Telephone Number ()	Social Sec	curity Number		
Cell Phone Number ()	Email add	ress		
Citizenship Birthdate	Gender	Ag	e	
Marital Status# De	ependents and ages?	V	eteran?	
Race: White Black or African American Indian or Alaskan Nativ Non-Resident Alien Other	e Native Hawaiia			
Condition of Health	A	Allergies?		
What are your hobbies?				
How do you stay on top of current eve	ents?			
How did you hear about The Academy Academy Website Faceb Personal referral Newsp	ook Twitter	Yellow pages _		
In case of emergency notify:				
Name Addre	<u> </u>		Phone	
Parent Contact #1:				
Name Addr	256		Phone	

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Personal References (not employer or relative):

Name	Address		Phone
EDUCATION			
High School		City, State	
Year Graduated	Grade Average	Guidance Counse	lor
List all training/colle	ge attended since high school	ol.	
School	City, State	Major/Coui	rse
Graduate?	Graduation Date	_ Grade Average	Honors?
School	City, State	Major/Co	urse
Graduate?	Graduation Date	_ Grade Average	Honors?
EMPLOYMENT HIS	STORY		
Employer	Address	Phone_	
Position	Starting Date	Ending Date	Salary
Employer	Address	Phone_	
Position	Starting Date	Ending Date	Salary
Do we have your pe	ermission to contact your emp	oloyer(s) above as a profe	essional reference?
	Please circle	e: YES or NO	
BASIC QUESTIONS	s		
When would you like	e to start school?		
Cosmetolo	gy: Month? Ye	ear?	
Have you ever beer	n convicted of a felony? Yes	No	
Will you need finance	cial assistance to complete yo	our education?	
Do you wish to be e time?	mployed immediately after g	raduation? Full tin	ne? Part
What salary would y	ou expect?		
How did you hear al	bout us?		
Have you completed	d a college visit to Alure Hair	Academy? YesNo_	
PERSONAL GOAL	QUESTIONS		
How long have you	been interested in a career in	n this industry?	

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wriat other careers have you considered?
Why do you want to enter this career?
What are your short- and long-term goals?
What are you looking for in a school?
What/who would hold you back from pursuing & completing your cosmetology education?
Are you ready financially, mentally, and emotionally to take the next step in your pursuit of a cosmetology education?
certify that all statements made in this application are complete and true.
SignatureDate

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