



BUTLER BEAUTY ACADEMY

233 S. Main St., Butler, PA 16001
(724) 287-0708 • (724) 431-2396 Fax
bbsdirector@beautyacademies.net

Admission Application

Please complete and submit the application via mail, fax, email or in person. Incomplete or inaccurate applications may delay the decision process on your acceptance. This application will become a permanent part of your student file.

Name: _____
First Middle Initial Last Suffix

Mailing Address: _____
Street Number or PO Box Street Name City State Zip

Permanent Address: _____
(If different) Street Number or PO Box Street Name City State Zip

Phone: _____ Email: _____
 Mobile Home Business

Social Security #: _____ Date of Birth: _____

Marital Status: Single Married Separated Divorced Widowed

Which best describes your application status? New Applicant Former Student Transfer

If Transfer, from where? _____ How many hours do you currently have? _____

When would you like to begin classes? _____ Is this date flexible? Yes No
(MM/YY)

Which program are you interested in? Cosmetology Esthetician Nail Technician Teacher Training

Do you plan to be: Full-Time Part-Time (Note: Cosmetology courses are only on a Full-Time basis.)

If Part-Time, which daily schedule are you interested in? Monday Tuesday Wednesday Thursday Friday

Do you have reliable transportation? Yes No

List the last High School you attended and all other educational institutions you have or are currently attending.

	Name of Institution, City, State	From (MM/YY)	To (MM/YY)	Diploma/GED/Degree
High School:				
Cosmetology School:				
Trade School or College:				

Have you been suspended or dismissed from any cosmetology school or college for academic, attendance or disciplinary reasons?

Yes No If yes, explain: _____