



KITTANNING BEAUTY ACADEMY

120 Market St., Kittanning, PA 16201

(724) 548-2031 • (724) 548-1278 Fax

kbsdiretor@gmail.com

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: _____

Employment and Military History (List your employment experience including any military service for the last 12 months.)

Employer	City, State	Employed From: (MM/YY)	To: (MM/YY)
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Employer	City, State	Employed From: (MM/YY)	To: (MM/YY)
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Employer	City, State	Employed From: (MM/YY)	To: (MM/YY)
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Do you plan on working while you attend school? Yes No

For Cosmetology and Teacher Training students only: Have you ever or will you be applying for financial aid? Yes No
If yes, please visit <https://studentaid.gov/> to complete or update FAFSA information. Our school ID is **017146**.

How did you hear about Kittanning Beauty Academy? _____

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- All applications received will be reviewed by the Academy and submission does not guarantee approval.
 - All prospective students must complete an in-person interview with the Academy Director.
 - Prospective students will be notified by phone of their application's acceptance or denial. In the event we cannot reach you by phone, we will notify you by email, or if not provided, by mailing a letter to the address provided on the application.
 - All students must meet certain age and prior education requirements based on the course selected. Proof of age and prior education must be submitted to the school upon enrollment.

I certify that to the best of my knowledge, the information given in this application is true and correct. I understand that any omission or misrepresentation of facts may be cause for refusal of admission, cancellation of enrollment, or dismissal from the Academy if discovered at a later date. If accepted for admission, I understand that it is my responsibility to provide all necessary credentials and down payment to the Academy concurrent with my enrollment.

Applicant Signature: _____ Date: _____

Reserved for Office Use

Date Application Received: _____

Received By: _____