



School of Cosmetology and Nail Technology

Admissions Questionnaire

Name: _____ Date: _____

Street Address, City, State, Zip: _____

Mailing address if different _____

Phone No. with Area Code: () _____ - _____ E-Mail address: _____

Date of Birth (mm/dd/yy): ____/____/____

First Language: _____ Age: _____ Sex (circle): Male Female

If you have attended College please provide information below

College Name: _____ City/State: _____

Highest High School Educational Level: 9 10 11 12

Graduation Date: _____ GED Graduation Date: _____

Do you have children or other dependents? (circle) YES NO

Do you have a valid driver's license? (Circle) YES NO

What is your area of interest? (Circle) Cosmetology, Esthetics, Nail Technology, Teacher Training

Why are you interested in the above field?

What month and year would you like to start? _____

What hours are you planning on attending school?

M_____ Tu_____ W_____ Th_____ F_____ Sa_____ Su_____

Are you planning on attending school Full-Time or Part-Time? _____

How did you hear about Debutantes School of Cosmetology and Nail Technology?

Are you left handed _____ or Right handed _____

Work Experience

Name of present or last Employer _____ Starting Date: _____

End Date if applicable: _____

Job Title and Nature of Duties:

Name of Supervisor _____ Phone Number () _____ - _____

Name of Previous Employer _____ Starting Date _____

Ending Date _____

Job Title and Nature of Duties:

Name of Supervisor _____ Phone Number () _____ - _____

References

Please list Two References:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Do you plan on working while attending school? (Circle) YES NO

If so what is your work schedule going to be for the week?

M _____ Tu _____ W _____ Th _____ F _____ Sa _____ Su _____

How do you plan on paying for school?

What qualities do you possess that will help you excel in this industry?

How do you remain calm while working under pressure?

What major goals have you set for yourself?

How far are you in your decision to become a cosmetologist, esthetician, or nail technologist?

10 being the highest certainty (circle one) 1 2 3 4 5 6 7 8 9 10

_____ Please initial this statement if you completed an Admissions Tour at our campus

_____ Please initial this statement if you received our Course Catalog

_____ Please initial this statement if you have received the licensing requirements for your course of interest

_____ Please initial this statement if you have received general pre-requisites for obtaining employment in your course of interest

Signature of Applicant

Date