



## ADMISSIONS APPLICATION

Personal Biographical Information – please print clearly in black or blue pen				
First Name:		Last Name:		
Permanent Address:	Street	City	State	Zip
Mailing Address (if different than above):				
Home Phone Number		Cell Phone Number		
Social Security Number:		Email Address:		

Education Plans (check all that apply): <i>Please note: that programs are not available at all campuses</i>			
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Barbering *	<input type="checkbox"/> Full Specialist	
<input type="checkbox"/> Skin Care/Esthetics	<input type="checkbox"/> Makeup & Skin Care **	<input type="checkbox"/> Paramedical Esthetician **	
<input type="checkbox"/> Electrolysis **	<input type="checkbox"/> Laser Hair Removal	<input type="checkbox"/> Nail Technician	
<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Eyelash Extensions	<input type="checkbox"/> Paramedical PMU	
<input type="checkbox"/> Massage Therapist	<input type="checkbox"/> Permanent Makeup	<input type="checkbox"/> Advanced MAU/Airbrush	
<input type="checkbox"/> Makeup Artistry	<input type="checkbox"/> Personal Fitness Trainer *	<input type="checkbox"/> Spa Therapy	
<input type="checkbox"/> Instructor Training	<input type="checkbox"/> Master Fitness Coach *	<input type="checkbox"/> Body Wrapping	
<b>Anticipated Start Date:</b> _____ Have you attended Boca Beauty Academy Before? (circle one) <b>Y</b> or <b>N</b> <i>If you have attended Boca Beauty before, please list program(s) and start date</i>			
Educational Background			
High School Name:	City/State	Graduation Date	
College or Technical School Name:	City/State	Graduation Date	Program of Study
If you did not receive a High School Diploma, do you have a G.E.D.? (circle one) <b>Y</b> or <b>N</b>		Date of Completion	

\*Programs offered at Parkland Location only  
 \*\*Programs offered at Boca Raton Location only

I certify that the information I have provided for admission to Boca Beauty Academy is complete and accurate to the best of my knowledge. I understand that any misrepresentation of the information is sufficient grounds for refusal of admission to Boca Beauty Academy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Boca Beauty Academy is committed to the policy that all students should have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national or ethnic origin, sex, age, marital status, disability, or sexual orientation.

I acknowledge that I am fully knowledgeable and have been informed by a school representative that I may be precluded from obtaining licensure if I have entered a plea of guilty or no contest to a Felony, regardless of adjudication, unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of application. I hereby forever release Boca Beauty Academy LLC and its officers, agents, employees, and representatives from any liability associated with my inability to obtain licensure as a result of any prior criminal history.

### Request for Confidential Information

It may be used in reporting under federal and state laws and regulations. It will not be used as a basis for admissions or in any discriminatory manner:

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Gender (circle one):      Male      Female

**Predominant Ethnic Background (check all that may apply)**

_____ Caucasian (White, Non-Hispanic)	_____ African American (Non-Hispanic)
_____ Asian or Pacific Islander	_____ Hispanic
_____ American Indian	_____ Native Hawaiian/Pacific Islander
_____ Other	

**Residency (check the one that apply)**

\_\_\_\_\_ Florida Resident      \_\_\_\_\_ Other State      \_\_\_\_\_ International Student

**Age Group: (circle one)**

Under 18      18-24      25-30      31-40      41-50      Over 50

**Highest level of education completed: (circle one)**

High School diploma or GED      Some College      2 year degree      4 year degree

**Family Income: (circle one)**

\$10,000      \$20,000      \$30,000      \$40,000      \$50,000      \$60,000      \$70,000      \$80,000      \$90,000      \$100,000+

### Office Use Only

Admissions Director: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Accepted      \_\_\_\_\_ Not Accepted

To complete the admissions process, please submit a nonrefundable **\$100 application fee** and include your first and last name on the check. You may also call your admissions representative with your credit card information.