

207 West 18th Street
Cheyenne, WY 82001
307.637.8700



CHEEKS BEAUTY ACADEMY
Est. 1984

5010 Granite Street
Loveland, CO 80538
970.667.4122

Enrollment Application

Last Name: _____ **First Name:** _____ **MI:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email address: _____

Are you currently enrolled in or attending a high school? [] YES [] NO

Do you have a high school diploma? [] YES [] NO

Graduation Date: _____

Do you have a GED? [] YES [] NO

Graduation Date: _____

Do you have any disabilities? [] YES [] NO

Are you allergic to any beauty products or chemicals? [] YES [] NO

Have you attended any post-secondary schools in the past? [] YES [] NO

Have you been convicted of a felony? * [] YES [] NO

* The State Board of Cosmetology may refuse to grant a license to any person who has at any time been found guilty of a felony. If you have ever had a felony conviction, you need to advise the school prior to starting classes. The Board will consider the nature and circumstances of the conviction and will be allowed to take the State Board examination when you finish school. Failure to provide this information now could result in your completing the course, then not being permitted to apply for the Board exam and become licensed.

List previously attended post-secondary schools (Use additional sheet if necessary):

Ethnic Background:

- [] Caucasian
[] Hispanic
[] Black
[] American Indian or Alaskan Native

Gender:

- [] Female
[] Male

Dependents:

- [] 0
[] 1
[] 2
[] 3-4
[] 5 or more

Income Group:

- [] less than 10,000
[] 10,000 to 19,999
[] 20,000 to 29,999
[] 30,000 or more

Marital Status:

- [] Unmarried
[] Married
[] Separated
[] Divorced
[] Widowed

Which course are you interested in:

- [] Cosmetology [] Barber Stylist
[] Hairstyling [] Barber
[] Instructor [] Esthetics

When are you interested in starting classes:

- [] Next available
[] 2-3 months
[] 6 or more months

REFERENCES (Please list 3 references):

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____