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Website: www.thehairacademynd.com

APPLICATION AGREEMENT

How to Apply:

1. Complete this application form and return it along with a copy of your birth certificate and high school diploma or G.E.D.
2. Sign application form and pay registration fee.
3. Contact us to schedule a tour at your convenience.

Name _____

Address _____

Home Telephone (____) _____ Cell Phone (____) _____

Email Address _____

Social Security Number _____ Date of Birth _____

Select the starting date of the class you are interested in:

January ____ March ____ June ____ September ____ November ____

Are you left-handed Yes ____ No ____

Have you ever been convicted of an offense other than minor traffic violation? Yes ____ No ____

If yes, please attach a written explanation including the nature of offense and action taken. The Hair Academy asks for full disclosure to advise students of potential state licensing denial. The information is kept in student confidential file.

How did you hear about The Hair Academy? _____

In case of emergency notify:

Name: _____ Relationship: _____

Address: _____

Home Telephone (____) _____ Cell Phone (____) _____

I certify that all statements made on this application are complete and true.

Signature _____ Date _____