



STUDENT ENROLLMENT APPLICATION

Desired Start Date (check one): Year:20__ January March May July September November

Desired Schedule (check one): Full-time/Day (Tue-Sat 9:00am-4:00pm) Part-time/Day (Tue-Fri 9:00am-1:15pm)
*Night classes require a minimum number of enrollments. Part-time/Night (Mon-Thu 5:30pm-9:45pm)

STUDENT INFORMATION - Proof of age required. Verification of SSN and citizenship may also be requested by the school.

Full Legal Name _____
LAST FIRST MIDDLE

Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____

Dominant Hand (Required) Right Left Gender (Optional) Male Female Other: _____

Citizenship Status U.S. Citizen Permanent Resident Non-Resident Alien Alien Reg./Visa# _____

Are you Hispanic or Latino/a? (Optional) Y N How do you describe your ethnicity? _____
Race / ethnicity information is voluntary and will be used for reporting purposes only.

Permanent Address _____
STREET ADDRESS

CITY STATE ZIP CODE

Current Address _____
 Check here if same as permanent address STREET ADDRESS

CITY STATE ZIP CODE

Telephone HOME PHONE (____) _____ - _____ CELL PHONE (____) _____ - _____

Email Address _____

In accordance with applicable federal and state laws, DiGrigoli School of Cosmetology does not discriminate on the basis of race, color, national origin, religion, gender, disability, age, medical condition, ancestry, marital status, citizenship or sexual orientation. DiGrigoli School of Cosmetology is an affirmative action, equal-opportunity institution.

EDUCATION INFORMATION - Proof of high school completion (or equivalent) required. Transcripts may also be requested.

Highest Education Level Completed High school/GED Some college Bachelor's degree Master's degree

Name/Location of High School _____
SCHOOL NAME CITY STATE

Year Graduated High School or Earned GED _____ Are you a transfer student? Y N *Minimum 500 hours*

Have you ever received financial aid? Y N If yes, at what school? _____

GENERAL INFORMATION - Information is voluntary and will have no bearing on acceptance into the program.

- 1) Are you currently employed? Y N If yes, will your work schedule conflict with the class schedule? Y N
- 2) Do you have reliable transportation? Y N If no, will you have alternate transportation to school? Y N
- 3) Do you have dependent children? Y N If applicable, will you have child care available while in school? Y N
- 4) Are you a veteran? Y N If yes, what were the dates served? From (MM/YY) _____ to (MM/YY) _____
- 5) Have you been convicted of a felony or misdemeanor in the U.S., or any country or foreign jurisdiction, other than for a traffic violation with a fine of less than \$100.00? Y N If yes, date of most recent conviction? (MM/YY) _____

6) **How did you hear about our school? (please check all that apply)**

- TV/radio – Station? _____ How long ago? _____ Advertisement News story
- Newspaper/magazine – Publication name? _____ Advertisement Article Press release
- Internet search – Did you link to our website from another online source? _____
- Social media service (Facebook, Twitter, etc.) – Which service? _____
- Billboard/placard/sign – Location? _____
- College/career fair – Location? _____ How long ago? _____
- DiGrigoli School/Salon event (Cut-a-Thon, makeover show, etc.) – Event name? _____
- Referral – From? _____
- Other – Source? _____

7) **Why did you choose our school for your education in cosmetology? (please check all that apply)**

- School reputation Tour of school/admissions staff Instructor credentials/background
- School location Program cost/financial aid eligibility School website/social media pages
- Licensure rate Program(s) offered Other: _____
- Completion/retention rate Schedule(s) offered Other: _____
- Placement rate School mission statement Other: _____
- Referral (please specify) _____

By submitting this application, I certify that to the best of my knowledge, all information furnished on my application (this form and all documentation submitted) is true and complete, without evasion or misrepresentation. I understand that if it is found to be otherwise, it will be sufficient cause for rejection or dismissal. I also understand that I am obligated to inform the DiGrigoli School of Cosmetology Admissions office immediately if any of the information provided on this application changes in any way prior to my matriculation at DiGrigoli School of Cosmetology.

By signing below, I agree to the provisions of the previous paragraph and understand that this application is not a contract for instruction. Enrollment will not be final until a contract has been fully executed and signed.

Applicant Signature: _____ **Date:** _____

*Thank you for beginning the application process with DiGrigoli School of Cosmetology! Your application will not be reviewed until all admissions requirements have been met; as indicated in our Program Catalog. (To request a copy of the catalog, please contact our Admissions Office at (413) 827-0037 Extension 28 or by email at admissions@digrigoli.com.) Please submit all documentation to: **Office of Admissions & Financial Aid, DiGrigoli School of Cosmetology, 1578 Riverdale Street, West Springfield, MA 01089.***