



North Adrian's Beauty College
 124 Floyd Avenue
 Modesto, CA 95350
 Ph. 209-526-2040
 Fax. 209 524-9347

Adrian's Beauty College of Turlock
 1340 West Main Street
 Turlock, CA 95380
 Ph. 209-632-2233
 Fax. 209-632-9089

Adrian's Beauty College of Tracy
 3000 West Grant Line Road
 Tracy, CA 95304
 Ph. 209-835-3550
 Fax. 209-835-3560

ADMISSIONS APPLICATION

Students must submit an application as the very first step in enrolling at Adrian's Beauty College. This is your official notice to the College that you would like to attend and enroll in college courses. Once the application and signature page are received, the Admissions Office will notify you of acceptance and dates for Orientation, Assessment, Advisement and Registration.

To Apply for Admission:

1. Fill out the application form. All required fields must be completed.
2. Verify your entries. If they are correct, continue, otherwise, correct and make any changes necessary.
3. The last part is the signature page. This confirms what you have written on the application. Sign it, date it and give to the college's admissions office. Your application will not be processed without the signature.

APPLICATION FORM			
To determine if you can apply for admissions, please answer ALL of the following questions:			
Do you reside in the United States?			[] Yes [] No
Do you have a Social Security Number issued by the Social Security Office?			[] Yes [] No
Will you still be enrolled in high school, middle school or elementary school, when you begin the course for which you are applying?			[] Yes [] No
Will you enroll as an international student using a student visa or visitor visa?			[] Yes [] No
COLLEGE ENROLLMENT			
1.	Applying to:	<input type="checkbox"/> North Adrian's Beauty College <input type="checkbox"/> Adrian's Beauty College of Turlock <input type="checkbox"/> Adrian's Beauty College of Tracy	
2.	Course Applying for:	<input type="checkbox"/> Cosmetology 1600 hours <input type="checkbox"/> Esthetics 600 hours <input type="checkbox"/> Manicuring 400 hours <input type="checkbox"/> Teachers-Training 600 hours	
3.	College Enrollment Status:	<input type="checkbox"/> New - Never attended College <input type="checkbox"/> New Transfer - attended another college New at this College <input type="checkbox"/> Returning - attended this College but not in the last two years	
PERSONAL INFORMATION			
4.	First Name	Middle	Last
5.	Previous last name used:		
6.	Date of Birth: Month Day Year		
7.	Gender: [] Male [] Female		
8.	Social Security Number: [] - [] - []		
9.	Legal Residence Address:		
	City	State	Zip Code
10.	Mailing Address (If different from legal address):		
	City	State	Zip Code
11.	Home Phone #: [] - [] - []	Cell Phone #: [] - [] - []	
	Message Phone #: [] - [] - []	E-Mail Address:	
12.	Is English your primary language?		
13.	Number in Household:		
14.	Parents' highest level of education (use parent with highest level):		
15.	Ethnicity (Choose One):		
	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native	
	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
	<input type="checkbox"/> Two or more races	<input type="checkbox"/> Race and Ethnicity Unknown	
16.	Are you a U.S. Citizen?		
17.	Have you lived in California for the past 2 years?		
18.	Are you on active military duty in California?		
19.	Are you the dependent of a person on active military duty in California?		

20.	Are you a discharged veteran of the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, abbreviated home state of record (e.g. CA): []		
	If yes, discharge date: Month Day Year		
EDUCATION			
21.	High School Education Status:		
	<input type="checkbox"/> Earned High School Diploma	<input type="checkbox"/> Will Earn High School Diploma this Year	
	<input type="checkbox"/> Certificate of Equivalency/Completion	<input type="checkbox"/> Diploma/Certificate of Graduation	
	<input type="checkbox"/> Received Certificate of High School Proficiency (C.H.S.P.E)		
22.	Name High School you Attended:		
	City	State	Zip Code
23.	To the best of your knowledge, what you're your high school grade point average?		
24.	Name of College you Attended:		
	City	State	Zip Code
	Highest Degree Earned:		Year Graduated:
ADDITIONAL INFORMATION			
25.	Request Student Services:		
	<input type="checkbox"/> Selecting and/or planning for a Career		
	<input type="checkbox"/> Counseling/Advising on academic, personal or social issues		
	<input type="checkbox"/> Specific services provided to assist with my disability		
	<input type="checkbox"/> Finding a Job		
	<input type="checkbox"/> Availability of grants, loans or scholarships		
	<input type="checkbox"/> Gaining improved English Skills (EST.)		
26.	Check all items that may apply to you:		
	<input type="checkbox"/> I am a certified dislocated worker		
	<input type="checkbox"/> I am a CAL WORKS participant		
	<input type="checkbox"/> I am an TANF or SSI/SSD or general assistance recipient		
	<input type="checkbox"/> I am a Cal Works participant		
	<input type="checkbox"/> I have completed a High School 2+2 program		
	<input type="checkbox"/> I am honorably discharged from a U.S. military service.		
	<input type="checkbox"/> I am a single parent, head-of-household with dependent children		
	<input type="checkbox"/> I have verified physical, speech communication, learning or psychological disability.		
	<input type="checkbox"/> I have previously cared for my home AND family without pay AND am now supporting myself AND am having difficulty finding employment.		
<input type="checkbox"/> I am an indentured apprentice.			
27.	How did you find out about Adrian's Beauty Colleges?		
	<input type="checkbox"/> Adrian's Student	<input type="checkbox"/> Adrian's Graduate	<input type="checkbox"/> Stylist <input type="checkbox"/> Friend
	<input type="checkbox"/> Family	<input type="checkbox"/> Counselor	<input type="checkbox"/> Newspaper <input type="checkbox"/> Phone Directory
	<input type="checkbox"/> Career Fair	<input type="checkbox"/> Mailing	<input type="checkbox"/> Seen College <input type="checkbox"/> Internet
	<input type="checkbox"/> Other: _____		

CERTIFICATION: I certify under penalty of perjury that the foregoing statements are true and correct. I further understand that it is my responsibility to have the last high school and each college I have previously attended send Adrian's an official transcript of my record and that all documents and transcripts become the property of Adrian's Beauty College and will not be available to me in original.

Signature

Date

Office Use Only	
Career Advisors Name:	Date:
Comments:	