

IBS School of Cosmetology and Massage - Application for Admission

Eugene Campus

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Web: www.ibs-or.com

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK - ALL SECTIONS ARE REQUIRED AND MUST BE COMPLETED PRIOR TO CONSIDERATION

Full Legal Name _____ Soc. Security # _____ - _____ - _____ Birth Date ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Cell Provider/Carrier _____ Other Phone _____

Driver's License/ID # _____ State: _____ Email: _____

Have you ever gone by any other name (married/maiden/etc)? No Yes, name(s): _____

Have you ever applied to or been enrolled at the IBS School of Cosmetology and Massage? No Yes, date(s): _____

GENDER:

- Female
 Male

CITIZENSHIP:

- Are you a U.S. Citizen?
 Yes
 No

VETERAN:

- Are you a Veteran?
 Yes
 No

MARITAL STATUS:

- Single
 Married
 Divorced
 Widowed

EDUCATION:

- Current High School Student
 HS Graduate (Year: _____)
 GED (Year: _____)
 Other: _____

ETHNICITY:

- Alaskan Native Hispanic
 American Indian Other
 Asian Pacific Islander
 African American Unknown
 Caucasian Prefer not to answer

EMERGENCY CONTACT REFERENCE:

Name _____

Telephone _____

Relationship to Student: _____

PERSONAL REFERENCES (must be different than Emergency contact and may not live with applicant):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PROGRAM(S) APPLYING FOR (check all that apply):

- Hair Design Nail Technology Esthetics
 Barbering Massage Therapy Teacher Training

Applicants with prior training:

- Transferring Re-Enrolling
 Practical Exams Only

Preferred Start Date: _____ Full Time Part Time

Hair/Barbering Applicants: Right- or Left-handed

A non-refundable \$25 application fee payable to IBS School of Cosmetology and Massage must accompany your application. Applicants must also submit proof of identity/age (photo ID), proof of citizenship (Social Security Card), and proof of secondary education (Diploma, Official Transcripts, GED, or Higher Ed. Degree) along with fully completed application and application fee. No application will be reviewed without application fee. If submitting application materials by mail it will be necessary to bring all original documents to the school for verification prior to acceptance. I understand that submitted materials will not be returned or duplicated.

I understand that, if accepted, an enrollment meeting will be scheduled and a registration fee of \$125 will be due at that time to process enrollment and hold my place in classes. I understand that if I am admitted and do not enroll for the "start date" to which I am admitted I may need to reapply for admission. I understand that the School Catalog, containing relevant school statistics and program information, is available on the institution's website.

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

Applicant Signature

Date

Guardian/Sponsor (if applicable)

Date

ADMINISTRATIVE USE ONLY

Date Received _____ Application Fee Paid _____ Accepted _____ Denied _____ Enrollment Scheduled _____

Notes: _____