

IBS School of Cosmetology and Massage - Application for Admission

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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 another 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): _____

SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	CITIZENSHIP: Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	VETERAN: Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	EDUCATION: <input type="checkbox"/> Current High School Student <input type="checkbox"/> HS Graduate (Year: _____) <input type="checkbox"/> GED (Year: _____) <input type="checkbox"/> Other: _____
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ETHNICITY:
 Alaskan Native
 American Indian
 Asian
 African American
 Caucasian
 Hispanic
 Other
 Pacific Islander
 Unknown
 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
Preferred Start Date: _____ Full Time Part Time
Hair/Barbering Applicants: Right- or Left-handed

Applicants with prior training:
 Transferring Re-Enrolling
 Practical Exams Only
 Additional Training

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 the fully completed application. 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 my application is accepted and I do not enroll for the preferred "start date" or to a start date within six months of the date on this application I will be required to re-apply with all new admissions documents. 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 _____

ADMINISTRATIVE USE ONLY				
Date Received _____	Application Fee Paid _____	Accepted _____	Denied _____	Enrollment Scheduled _____
Notes: _____				