



Circle of Love Academy
409 Stanley Chapel Church Road
Dudley, NC 28333 (919) 299 - 4316

INSTRUCTIONS:

Type or print in ink, respond to all questions completely, use your legal name, and return completed application to the Admissions Office. There is no charge to apply.

GENERAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Former Name _____

Address _____

City _____ State _____ Zip _____

County of legal residence

(If out of N.C., list state or foreign country)

Phone: (_____) _____ Home (_____) _____ Business (_____) _____

Birth date: _____ / _____ / _____ Sex: Male Female

E-mail Address: _____

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race:(check one or more)

American Indian or Alaska Native Asian Black or African American Native

Hawaiian or other Pacific Islander White

ENROLLMENT INFORMATION

U.S. Citizen Yes No If no, what country? _____

- Citizenship U.S. Citizen
 Permanent Resident Alien
 Refugee
 Asylee
 Non U.S. Citizen
 Undocumented

If not a U.S. Citizen, complete the following:

Resident Alien Card Number: _____

Issue Date: ____/____/____

Non Immigrant Visa Type: _____

Issue Date: ____/____/____

Entry Year 20____ and Semester Fall Spring Summer
Attendance Full-time Part-time Day Evening

Program title for which you are applying:

- Traditional Cosmetology Hybrid Cosmetology Cosmetology Teacher
 Trainee
 Traditional Esthetics Hybrid Esthetics
 Traditional Manicuring Hybrid Manicuring Natural Hair Care

RESIDENCY

Are you a North Carolina resident? Yes No

If yes, what is your county of residence? _____

In what state do you pay State Income tax? _____

Enter your drivers license number _____

In what state was your drivers license issued? _____

Have you lived in N.C. for at least twelve (12) months?

Yes No

If NO, where else have you lived in the past (12) months?

Are you Active Duty Military or a Military Dependent?

Active Duty Military Military Dependent Neither

EDUCATION INFORMATION

High School last attended _____

City _____ County _____ State _____

Yes, I Graduated

Graduation Date: ____/____/____

No, I did not Graduate

Last date of attendance: ____/____/____

No, still enrolled

Expected Graduation: ____/____/____

I earned GED Adult High School Diploma at:

School Name _____

City _____ State _____

Date completed: ____/____/____

What type of high school courses did you take?

College Prep Tech Prep General/Career Prep

Highest educational level completed (check one)

8 9 10 11 12 GED 13 Adult High School Diploma 14 Post High School

Vocational 15 Associate Degree 16 Bachelor's Degree 17 Master's Degree or Higher

College(s) attended:

College _____

City _____ State _____

Date Last Attended: ____/____/____

College _____

City _____ State _____

Date Last Attended: ____/____/____

College _____

City _____ State _____

Date Last Attended: ____/____/____

Do/did you live with a parent that received a four-year college degree (Bachelor's)? Yes No

Father's educational level: _____

Mother's educational level: _____

REQUIRED SIGNATURE

1. Information supplied on this application is in no way used as a criterion for admission. It is used for institutional statistical purposes and is held in strict confidence. It is the policy of Circle of Love Academy not to discriminate against any person on the basis of race, color, handicap, sex, religion, age or national origin in the recruitment and admission of students. If there are any changes in the information provided on this application, please notify the school.
2. It is the intent of the Academy that all classes be accessible to all qualified students. It is the student's responsibility to make his or her disability known sixty days prior to enrollment. The student must request academic or other reasonable accommodations by contacting the President.
3. The programs lead to licensure by the state through statewide examinations. State examiners may or may not allow a student to take the exam or become licensed if that student has been convicted of a felony.
4. The completion/graduation rate information is available upon request in the office.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SUBMITTING FALSE INFORMATION MAY BE GROUNDS FOR DISMISSAL. I UNDERSTAND THE INFORMATION CONTAINED IN THIS APPLICATION AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COLLEGE.

_____/_____/_____
Applicant's signature month day year

_____/_____/_____
Signature of parent or guardian if applicant is under 18
month day year