

Date you want to start

**APPLICATION FOR ADMISSION
TO
VELVATEX COLLEGE of BEAUTY CULTURE**

Full Name _____ Telephone # _____
Address _____ Zip _____
SS# _____ DOB _____ Age _____
Phone (hm) _____ (wk) _____ (emergency) _____
Email address: _____
Place of Birth _____

Circle Appropriately: Single Married Divorced Widow

If married, Full name of Spouse: _____

Occupation: _____ Work Phone # _____

Number of Children: _____
Name and Age

Name and Address of High School _____
Date of Graduation: _____ What Grade Last Completed? _____
College or other school attended (Please List):

_____ Year Attended: _____
_____ Year Attended: _____

Your Employment: _____ Length of Employment: _____
Address _____ Phone #: _____

Name, Address, and phone number of Nearest Relative (not living with you):

References: list Names and Address and Phone # of 2 People Non-Related

1. _____
2. _____

If applicant is under 18 years of age, as the parent of guardian of the applicant, I am aware my consent to her/his decision to apply for admission to Velvatex College.

Signature of parent/guardian _____ Date _____

Signature of applicant _____ Date _____
