

**KENNY'S ACADEMY OF BARBERING
STUDENT INTAKE APPLICATION**

OFFICE USE ONLY

Official Start Date: _____

Please select program of interest.

Barber Science

Instructor Course

Barber to Beauty Course

APPLICANT INFO

First Name	Last Name	Date of Birth	Driver License #	Social Security #
Address		City	State	Zip
Age	Marital Status	E-mail		

Do you have any physical disabilities? _____
 If yes please explain. _____

Have you ever been convicted of a felony? _____
 If yes, please explain in detail. _____

Do you have a pending court case? _____
 If yes, please explain in detail. _____

Are you currently on probation? _____
 If yes, please explain in detail. _____

In case of emergency please contact.

Name	Phone	Relationship
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Counselor Info (if applicable)

Name	Phone	E-mail
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EDUCATION

High School Attended _____

Address	City	State	Zip	Phone
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Do you have high school diploma or GED? _____ If no, last grade completed. _____
 Also if no, are you currently enrolled in a high school program, GED course, Day Adult, ect? _____
 If yes please explain. _____

Have you ever attended a Barber College or any vocational school for barbering? _____
 If yes, where? _____ How many hours were accumulated? _____

When Would you like to start?	What schedule do you prefer?
	Full-time Part-time

I am making this payment for the following plan.

Cash	Voc. Rehabilitation	VA Administration
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How did you hear about Kenny's Academy of Barbering? _____

I have received and read the catalog (Pre-Enrollment Package) included with this initial application. I understand the contents of the catalog-brochure and I desire to make formal application for enrollment.

Signature (Applicant)

Date

Parent/Guardian

Date

Received by

Interviewed by

Date accepted



East: 5670 Caito Dr. Ste. 101 • Indianapolis, IN 46226 • 317.547.5900

West: 2150 Lafayette Rd • Indianapolis, IN 46222 • 317.635.5900