



Pineville Beauty School
1008 Main Street
Pineville, LA 71360

318 445-1040 Office
318 448-6090 Fax

www.PinevilleBeauty.com

Application for Enrollment

PERSONAL INFORMATION

Full Name _____ SS# _____ / _____ / _____
Date of Birth ____ - ____ - ____ Telephone () _____
Street _____ Other _____
City _____ State ____ Zip _____
US Citizen? Yes No Household Annual Gross Income \$ _____
Marital Status Single Divorced Married Number of Dependents in Home _____

DO NOT WRITE IN
THIS COLUMN

EDUCATION

High School Graduate? Yes No Name of High School _____
Date Diploma Received ____ / ____ / ____ OR Date GED Received ____ / ____ / ____
Post Secondary Education? Yes No
Name of School _____ Date Attended: _____
Name of School _____ Date Attended: _____
Name of School _____ Date Attended: _____
Degrees, Certificates Earned: _____

BACKGROUND

Military Veteran: Yes No Handicaps or Special Needs: _____
Have You Ever Been Convicted of a Felony? Yes No Comments: _____
Have You Ever Been Convicted of Possessing or Selling Illegal Substances? Yes No
Are You Interested In Attending ____ Full Time (30 Hrs/Week) OR ____ Part Time (24 Hrs/Week)
Are You Interested In Applying For Financial Aid? Yes No
**For Federal Financial Aid a FAFSA must be completed and signed by Student prior to enrolling.*

I have received a Pineville Beauty School disclosure sheet with cost information. I understand that in the event that I decide, after paying the \$450 Enrollment Fee, to not attend that Pineville Beauty School will retain \$100 to cover administration costs and supply order costs.

Applicant Signature _____ Print Name _____
Date _____