



www.PinevilleBeauty.com

Creating a Career of Passion

Pineville Beauty School

Application for Auxiliary Aid

First Name _____ Middle _____ Last _____

Last 4 Digits of Social Security Number _____

Current Address _____

Phone Number _____

City, State & Zip _____

Course for which Registered _____

Disability _____

Accommodations requested _____

Are you receiving any services or help from other sources (please check all that apply):

DDWaiver _____ Commission for the Blind _____ ARCA _____ Independent Living _____

LRS _____ VA _____

Other _____

If Yes, Please Specify:

Requestor Signature Date

Please provide documentation of the requestor's disability and/or support for the actual accommodation with request.





**APPLICATION FOR AUXILIARY AID SERVICES
FOR PINEVILLE BEAUTY SCHOOL, INC.**

DATE: _____

STUDENT (PROSPECTIVE):

Dear _____ (student) _____:

SSN: XXX-XX-_____

As a student at Pineville Beauty School, Inc., you have requested accommodations because of a disability. Please provide recent medical documentation that shows your disability and need for Auxiliary Aid Services.

1. For accommodation purposes, an individual with a disability under Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990 (ADA), is **a person who has physical or mental impairment that substantially limits one or more major life activities.** Major life activities include, but are not limited to walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self and/or other similar activities.
2. The presence of a disorder/condition by itself does not necessarily qualify an individual for accommodation under Section 504 or the ADA. It is the **substantial limitation(s) on one or more major life activities due to the disorder or condition** that will be the determining factor(s) in eligibility for specific accommodations.

Please provide your recent medical documentation to Pineville Beauty School, Inc. by one of the following methods:

Mail to: 1008 Main Street, Pineville, LA 71360
Email to: debstam@bellsouth.net
Fax to: (318) 448-6090
Or Hand Delivery

If you have any questions or concerns, please contact the School Administrator, Michelle Hays at (318) 445-1040.

Sincerely,

Michelle Hays
Pineville Beauty School Administrator