

\$50.00 Application Fee-Non-refundable

Miracle Beauty and Nails Academy

3420 Holland Road, Suite 102/112- Virginia Beach, VA 23452

Telephone: (757) 368-3344 Email: info@miraclebeautyacademy.com

Application for Admission

Date: _____ Class Beginning Date: _____ Course: _____

Name: Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State/Zip Code: _____

Telephone: _____ Social Security Number: _____
Cell Phone: _____ Cell Phone Carrier: _____

Email Address: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Marital Status (please check one)

Single Married Separated Divorced Widow(er)

Place of Employment:

Address:

Telephone:

In Case of Emergency Please Notify:

Address:

Telephone:

Have you ever been enrolled in a Cosmetology, Nail, Esthetics, Permanent Cosmetics, or Instructors Course before?

If so where?:

Date:

All transcripts must be made available to the school as soon as possible.

The following information is for reporting purposes only (please check one that applies to you.)

American Indian, or Native American

Hispanic

Black (Non-Hispanic Origin)

White (Non-Hispanic Origin)

Asian or Pacific Islander

Other _____

Please circle highest grade level completed 8th 9th 10th 11th 12th

School graduated from and Dates attended:

College: 1 year 2 year 3 year 4 year Degree received _____ GED _____

For Minors Only

*****Parent Information**

Name:

Address:

Telephone:

Employer:

HEALTH INFORMATION

Please rate your general health (please check one)

Excellent Good Fair Poor

Do you have any sickness or physical handicap that may interfere with your studies or extracurricular activities? _____ If so, please explain:

Have you ever been arrested for the use or possession of drugs, or any other felony or misdemeanor etc.? If so, please explain, give dates and details on the back of page.

REFERENCES:

Name:

Address:

Telephone:

Name:

Address:

Telephone:

Name:

Address:

Telephone: