

Bull Locks Barber Academy

Please complete this form and mail or bring to the school at:
1500 W. Littleton Blvd #100-C., Littleton, CO 80120,
Please include the following information

Barber Program Requirements

- (1) Copy of your high school diploma or G.E.D
- (2) Copy of Birth Certificate
- (3) Copy of Photo I.D. and Social Security Card
- (4) Completed application for Admission
- (5) Current HIV Test

Duo Licensure Program Requirements

- (2) Copy of Photo I.D. and Social Security Card
- (3) Copy of (Active) Cosmetology License
- (4) Completed application for Admission
- (4) Current HIV Test



Admission Application



BARBER PROGRAM

DUO LICENSURE PROGRAM

Date of Application:

Entrance Application for the month of (circle one):

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Please Print your Full Name:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Email:** _____

Birth Date:

Month Date Year Place of Birth

Sex: Male Female **Age:** _____ **Social Security Number:** _____

License Plate Number:

Drivers License Number:

Single Married Divorced Number of Children **Ages**

Your place of Employment: _____ **Phone Number** _____

Spouses Name and Place of Employment: _____

Emergency Contact Information:

Name Phone Number Relationship

Name of Parent(s) or Guardian(s): _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Father' place of Employment: _____ **Home Number:** _____

Mother's place of employment: _____ **Home Number:** _____

High School attended/attending: _____ **Year of Graduation/G.E.D.:** _____

College attended/attending: _____ **Year (s) attended:** _____ **Year Graduated:** _____

How do you plan to finance your education: Cash Personal Payments to School (No financial assistance available)

Persons who can provide you with a character reference (minister, teacher, etc) _____

Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Where did you obtain information which led you to enroll at Bull Locks Barber Academy? _____

Bull Locks Barber Graduate (Name): _____ Salon Owner (Name): _____

Guidance Counselor (Name): _____ Friend (Name): _____

Radio Newspaper Phone Book Direct Mailer Tear Away Poster Career Day Bull Locks Barber Representative

Write a brief statement of your reasons for wanting to attend Bull Locks Barber Academy.

In the space provided below, tell us about yourself. What are your interests, hobbies, the things you enjoy the most?

CONSENT TO BE SIGNED BY PARENT OR GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE:

In the event of emergency illness or injury, permission is hereby granted to the staff of Bull Locks Barber Academy to refer the named student to a local physician.

Applicant Signature: _____ **Date:** _____

Parent of Guardian Signature: _____ **Date:** _____

I hereby apply for acceptance in the program of study checked : Barbering (1500 Hours) DUO Licensure (120 Hours)

Applicant Signature: _____ **Date:** _____

Parent of Guardian Signature: _____ **Date:** _____

(If under 17 years of age)

Signature of Admission Representative: _____ **Date:** _____