



## West Coast Barber College

3753 Mission Ave, Suite 108

Oceanside, CA 92058

(760) 529-0898

www.westcoastbarbercollege.com

### Enrollment Application

Full Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

DMV ID # or DRV LIC # \_\_\_\_\_ High School: \_\_\_\_\_ Grad Year \_\_\_\_\_

Sex	Ethnic Group	Citizenship	Marital Status
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other	<input type="checkbox"/> United States Citizen <input type="checkbox"/> United States Permanent Resident <input type="checkbox"/> Not a United States Citizen or Permanent Resident	<input type="checkbox"/> Single <input type="checkbox"/> Divorced/Widowed <input type="checkbox"/> Married Number of Dependents: _____

Are you 17 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you completed the 10 <sup>th</sup> grade? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### Employment

Occupation \_\_\_\_\_ Employment (or prior employment) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

#### Emergency Information (Person to notify in case of an emergency)

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (day) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Telephone (evening) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Relationship \_\_\_\_\_

Do you have an infectious condition or illness that would affect your ability to service a client? ☐ Yes ☐ No

If yes, please provide details \_\_\_\_\_

#### References

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (day) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Telephone (evening) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Relationship \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

*I certify that the information I have given on this application is complete and accurate. Any willful misrepresentation of fact may be cause for withdrawal of my application from consideration, cancellation of admission or registration or suspension from the school*