



IOWA SCHOOL OF BEAUTY

<input type="checkbox"/>	COSMETOLOGY
<input type="checkbox"/>	ESTHETICS
<input type="checkbox"/>	NAIL TECHNOLOGY
<input type="checkbox"/>	MESSAGE THERAPY

APPLICATION

LAST NAME	FIRST NAME & MIDDLE INITIAL	MARITAL STATUS (OPTIONAL) ___ SINGLE/DIVORCED ___ MARRIED/REMARRIED ___ SEPARATED	(001) PREVIOUS NAMES	SEX (OPTIONAL) ___ MALE ___ FEMALE
CURRENT ADDRESS - NUMBER & STREET	CITY, STATE & ZIP CODE	PHONE NUMBER (INCLUDING AREA CODE) HOME: CELL:		
SOCIAL SECURITY NUMBER	BIRTHDATE (MONTH, DAY, YEAR) & BIRTHPLACE - CITY, STATE (OR COUNTRY)	EMAIL:		
HIGH SCHOOL ATTENDED (OR SCHOOL ATTENDED TO COMPLETE GED)	HIGH SCHOOL OR GED GRADUATION DATE MO. _____ YEAR _____	EXPECTED DATE OF ENTRY TO ISB MO. _____ YEAR _____	HAS ANY MEMBER OF YOUR FAMILY ATTENDED ISB? ___ NO ___ YES - RELATIONSHIP:	
(002) CITIZENSHIP ___ U.S. CITIZEN ___ U.S. PERMANENT RESIDENT ___ APPLIED FOR U.S. RESIDENCY (PROVIDE ALIEN REGISTRATION CARD - I551)	(003) APPLYING FOR FINANCIAL AID? ___ NO ___ YES	IN CASE OF EMERGENCY, PLEASE NOTIFY: NAME: _____ PHONE: _____ RELATIONSHIP: _____		
(004) ETHNIC BACKGROUND (OPTIONAL) ___ AMERICAN INDIAN OR ALASKAN NATIVE ___ ASIAN OR PACIFIC ISLANDER ___ HISPANIC ___ BLACK NOT OF HISPANIC ORIGIN ___ WHITE NOT OF HISPANIC ORIGIN	(005) HAVE YOU EVER BEEN CONVICTED OF A FELONY? ___ NO ___ YES	DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK? ___ NO ___ YES - EXPLAIN:		

PERSONAL REFERENCES (NOT RELATIVES)

NAME	ADDRESS	CITY, STATE & ZIP CODE	PHONE NUMBER (INCLUDING AREA CODE)
OCCUPATION			
NAME	ADDRESS	CITY, STATE & ZIP CODE	PHONE NUMBER (INCLUDING AREA CODE)
OCCUPATION			

PERMANENT CONTACT INFORMATION

NAME	ADDRESS	CITY, STATE & ZIP CODE	PHONE NUMBER (INCLUDING AREA CODE)
RELATIONSHIP			
NAME	ADDRESS	CITY, STATE & ZIP CODE	PHONE NUMBER (INCLUDING AREA CODE)
RELATIONSHIP			

← OVER

OVER →

SIGNATURE

DATE

ISB admits students without regard to sex, race, color, handicap, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, handicap, nationality or ethnic origin in administration of its educational policies, scholarship, loan programs and other administered programs.

PLEASE CHECK ONE:

- I am a high school graduate/GED and have never attended college.
- I am or have been enrolled in a college/trade school subsequent to high school/GED.

College	City, State	Hours Completed	Dates Attended
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I understand that I must provide a transcript and/or proof of prior education from the colleges I've attended prior to starting classes to be considered for prior learning credit.

SIGNATURE

DATE

REFERENCE NUMBERS/DESIGNATIONS:

- 001 Please list any names under which previous academic work might be recorded.
- 002 If you are not a U.S. Citizen or U.S. Permanent Resident, which country issues your passport? _____
- 003 If you answered YES to this question, you and your family will file a Free Application for Federal Student Aid (FAFSA). These forms are available from ISB or your high school counselor. To be considered for financial aid, a student must be enrolled full time. The FAFSA should be filed early so that all documents are received by the financial aid office before your start date.
- 004 This information is requested to demonstrate to the U.S. Department of Health, Education & Welfare ISB compliance with Title VI of the 1964 Civil Rights Act. Completion of this item is voluntary and will in no way affect the normal consideration of your application for admission. The information will be held confidential and will not appear on academic records, class lists, grade reports or transcripts.
- 005 If you answered YES to this question, the state will ask you to provide details when you apply for licensure.

ENROLLMENT CHECKLIST:

- Completed & signed ISB application
- Application fee
- Copy of high school diploma or GED certificate
- Drivers License/Photo ID
- Social Security Card
- Alien Registration Card (if applicable)