



# Associated Barber College Of San Diego, Inc.

1333 5<sup>th</sup> Avenue San Diego, CA 92101 619-234-7703 [info@sandiegobarbercollege.com](mailto:info@sandiegobarbercollege.com)

## Application for Admission (Page 1 of 2)

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### Applicant Data:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ DRV LIC #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_ Sex:  Female  Male

Citizenship:  US  Alien # \_\_\_\_\_  Other Veteran (US):  Yes  No

Handicap that may affect your job limitations, if any: \_\_\_\_\_

As of today, are you:  Single  Married  Separated  Divorced  Widowed No. of Dependent's \_\_\_\_\_

Housing during enrollment:  With Parents  Own Place (renting/buying)  Other \_\_\_\_\_

**Race/Ethnicity:** *(This information is required for statistical reporting to IPEDS, a contractor of the U.S. Department of Education)*

Black or African American  American or Alaskan Indian  Asian  
 Hispanic  White  Native Hawaiian or Pacific Islander

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Phone #:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Personal References:

Name: \_\_\_\_\_ Relationship to person: \_\_\_\_\_ Years known: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### Employment Data:

Occupation: \_\_\_\_\_ Current or Prior Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Educational Data:** *(Diploma, Certificate or Degrees earned that are equivalent and recognized by the United States educational system.)*

High School Diploma or G.E.D.:  Yes  No Graduation Date: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Last Attended or Graduation date: \_\_\_\_\_

**Certificate, Diploma or Degrees earned within USA or abroad by the applicant:** *(Check as many as applicable)*

High School  Diploma/Certificate/Trade  Associate  Bachelor  Masters  Ph.D.

I certify that all the information on this form is true and correct to the best of my knowledge. I also understand that if required, I must provide supporting documentation of the information reported.

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**Signature of Applicant**

**Date:**



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## Application for Admission (Page 2 of 2)

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

How soon would you be able to start school? \_\_\_\_\_

Males age 18 – 26: Are you registered with Selective Service?  Yes  No

Females: Are you expecting?  Yes  No ( This question relates to possible job hazards during pregnancy.)

How did you hear about the college? \_\_\_\_\_

Do you have any problems reading?  YES or  NO If yes, please explain:

\_\_\_\_\_

Are you on any probation?  YES or  NO If yes, until when? \_\_\_\_\_

Name and Phone # of probation Officer: \_\_\_\_\_

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Do you have and Medical Problems that would prevent you from attending school or prevent you from being a Barber?  YES or  NO

If yes , please explain:

\_\_\_\_\_

\_\_\_\_\_

**I certify that all the information on this form is true and correct to the best of my knowledge. I also understand that if required, I must provide supporting documentation of the information reported.**

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**Signature of Applicant**

**Date:** \_\_\_\_\_