

Josef's School of Hair Design Application for Admission

Name _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Date of Birth _____ Age _____

Will you be applying for financial aid? _____ Email Address _____

Sex: Female ___ Male ___ Marital Status _____ No. of Dependents _____

Parent or Guardian _____

Schools or colleges previously attended	Dates attended and/or graduated
_____	_____
_____	_____

Previous to or upon enrollment, applicant must provide Josef's School of Hair Design with the following:

1. A copy of birth certificate
2. A copy of high school diploma or GED or item #3
3. Educational Requirement Form (see back) signed by school principal
4. Fargo, Grand Forks & Josef's West Academy's Part-Time Night Program:
\$100 (\$50 Enrollment Fee & Non-refundable Application Fee \$50)
5. Josef's West Academy: \$200 (\$100 Enrollment Fee & Non-refundable Application Fee \$100)

Josef's School of Hair Design, 627 NP AVE, Fargo ND

- Cosmetology 1800 hour program
2011 Start Dates: January 11 March 15 May 10 July 12 September 13 November 8
2012 Start Dates: January 3 March 6 May 8 July 10 September 11 November 6

Josef's West Academy, 4501 15th AVE SW, Fargo ND

- Cosmetology 1800 hour program
2011 Start Dates: January 11 March 15 May 10 July 12 September 13 November 8
2012 Start Dates: January 3 March 6 May 8 July 10 September 11 November 6
- Cosmetology 1800 hour Part-Time Night Program
2011 Start Dates: March 29 August 30
2012 Start Dates: May 1 August 28
- Skin Aesthetic 600 hour program
2011 Start Dates: February 7 June 6 October 3
2012 Start Dates: February 6 June 4 October 8

Josef's School of Hair Design, 2011 S Washington ST, Grand Forks ND

- Cosmetology 1800 hour program
2011 Start Dates: January 11 March 15 May 10 July 12 September 13 November 8
2012 Start Dates: January 3 March 6 May 8 July 10 September 11 November 6
- Skin Aesthetic 600 hour program Massage Therapy 750 hour program
2011 Start Dates: February 7 June 6 October 3
2012 Start Dates: February 6 June 4 October 8
- Nail Technology 350 hour program
2011 and 2012 (Contact School Director for Start Dates) _____

Please complete the back side of this application

Select the next statement that applies to the program you are enrolling in:

I hereby certify that I have enrolled as a student at Josef's School of Hair Design for the study of a **1800 hour Cosmetology course** to be completed in twelve months three weeks consecutively, unless otherwise arranged or by special permission from the Board.

I hereby certify that I have enrolled as a student at Josef's School of Hair Design for the study of a **1800 hour Cosmetology course (Part-time Night Program)** to be completed in nineteen months consecutively, unless otherwise arranged or by special permission from the Board.

I hereby certify that I have enrolled as a student at Josef's School of Hair Design for the study of a **600 hour Skin Aesthetic course** to be completed in four consecutive months, unless otherwise arranged or by special permission from the Board.

I hereby certify that I have enrolled as a student at Josef's School of Hair Design for the study of a **750 hour Massage Therapy course** to be completed in six consecutive months, unless otherwise arranged or by special permission from the Board.

I hereby certify that I have enrolled as a student at Josef's School of Hair Design for the study of a **350 hour Nail Technology course** to be completed in three consecutive months, unless otherwise arranged or by special permission from the Board.

Applicant _____ Date _____

**Josef's School of Hair Design
Acknowledgement Form**

I have received the following information from Josef's School of Hair Design prior to my enrollment.

___ School brochure (including the following):

Financial Aid information

Placement rates

Physical demands of practicing the profession

Safety requirements for the profession

Licensing rates

Compensation a successful graduate may reasonably expect

Applicant _____ Date _____

This form must be returned with the application form when applying at Josef's School of Hair Design.

**North Dakota State Board of Cosmetology
Educational Requirement Form**

Date _____

This is to certify that _____ of _____
(Student's Name) (Location including State)

Completed High School/GED (circle one) on _____

Name of School

Present Name if changed

Signature of Official

Present Home Address