

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. Payment of \$100 (\$50 Enrollment Fee and a Non-refundable Application Fee of \$50)

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

For: Cosmetology/Skin Aesthetic 1800 hour program
2010 Start Date: January 12 March 16 May 11 July 13 September 14 November 16
 Skin Aesthetic 600 hour program
2010 Start Date: February 1 June 7 October 4

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

For: Cosmetology 1800 hour program
2010 Start Date: January 12 March 16 May 11 July 13 September 14 November 16

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

For: Cosmetology 1800 hour program
2010 Start Date: January 12 March 16 May 11 July 13 September 14 November 16

 Skin Aesthetic 600 hour program Massage Therapy 750 hour program
2010 Start Date: February 1 June 7 October 4

 Nail Technology 350 hour program
2010 (Contact School Director for Start Date) _____

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 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 **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
- ___ 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

**Josef's School of Hair Design Application for Admission
PART TIME NIGHT PROGRAM ONLY**

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. Payment of \$100 (\$50 Enrollment Fee and a Non-refundable Application Fee of \$50)

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

For: Cosmetology 1800 hour NIGHT program
2010 Start Date: May 11 September 14

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 eighteen 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 **600 hour Skin Aesthetic course** to be completed in seven consecutive months, unless otherwise arranged or by special permission from the Board.

Applicant _____ Date _____

Please complete the back side of this application

**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
- 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