



**ACADEMY OF HAIR DESIGN**  
**Beauty and Barber School**

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113 W Northern Lights Blvd · Anchorage, AK 99503 · 907.274.3663 · www.ahdalaska.com

### Application for Admission

Name: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Emergency Contact: (It is very important that the Academy have this Information.)

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In which course of study do you wish to enroll:

Combination (Hairdressing & Barber)  Esthetician  Instructor  Manicuring

Starting Date: \_\_\_\_\_

Where did you hear about the Academy of Hair Design?

\_\_\_\_\_

## Education

Name and Location of High School:

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Are you currently in High school?     Yes     No

Did you graduate?     Yes     No    If so, what year? \_\_\_\_\_

Do you have your G.E.D. Certificate?     Yes     No

Comments:

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I hereby certify that the forgoing statements and answers are true and correct to the best of my knowledge and belief and are made in good faith by me.

**Note:** This Application for Admission, along with the \$75.00 Non-Refundable application/registration/interview fee, must be received in the Academy of Hair Design office at least two weeks prior to the time the student begins training. It is your responsibility as the future student to call and schedule your interview. As proof you take this application serious we leave it to you to call and schedule.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

Applications are only valid for one year from date signed.  
(Revised September 2021)