



Academy of Hair Design
Beauty and Barber School

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

COURSE OF STUDY

- Combination (Hairdressing & Barber) Esthetician Instructor Manicuring Braiding

Application for Admission

Name: _____ Starting Date: _____

Date of Birth: _____ Male Female SSN: _____ - _____ - _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Current Physical Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone Number to Reach You: _____

Emergency Contact:

(It is very important that the Academy have this information.)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Where did you hear about the Academy of Hair Design _____

Education :

Did you graduate? Yes No

Are you currently in High school? Yes No

Name and Location of High School: _____

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

If so, what year? _____

Important Information:

Check all to show that you have read and have understanding of the Application and the process.

- This Application for Admission, must be turned in with the \$75.00 Non-Refundable application/registration/ interview fee to be accepted. Either in person or through mail.
- 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.
- After your first initial interview there will be a second interview scheduled, to determine your acceptance.
- This Application must be received in the Academy of Hair Design office at least two weeks prior to the time the students begins training.
- I hereby certify that the forgoing statements and answers are true and correct to the best of my knowledge and belief and are made it good faith by me.

Signature of Applicant: _____ Date: _____

Applicant's Printed Name: _____

Comments: _____
