



ACADEMY OF HAIR DESIGN
Beauty and Barber School

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:

Hairdressing Barber Esthetician Instructor

Starting Date: _____

Where did you hear about the Academy of Hair Design?

Education

Name and Location of High School:

Did you graduate? Yes No If so, what year? _____

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

Comments:

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.

Signature of Applicant

Date

Applicant's Printed Name

Note: This Application for Admission, along with the \$75.00 Non-Refundable application fee, must be received in the Academy of Hair Design office at least two weeks prior to the time the students begins training.

