



☐ 1120 Zap Drive • Lake Delton, WI 53940  
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## STUDENT ENROLLMENT APPLICATION

**DEADLINE FOR SUBMISSION:** For enrollment in the (Program): \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
deadline for Submission is: \_\_\_\_/\_\_\_\_/\_\_\_\_. Complete this enrollment application and submit: High School transcripts and /or  
GED/HSED, Drivers license, Birth Certificate or Governmental Issued Photo ID. Applications not accompanied by these documents will be returned  
to applicant as incomplete and can delay the process for enrollment.

### 1. GENERAL INFORMATION: please print

**Course of Study:** \_\_\_ Cosmetology Practitioner \_\_\_ Aesthetician \_\_\_ Manicurist \_\_\_ Instructor Training Program

**Location interested in enrolling at:** \_\_\_ 1120 Zap Drive, Lake Delton \_\_\_ 2275 Deming Way, Middleton

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

First

Middle

Last

**Preferred Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Number & Street

City

State

Zip

**Telephone Number** (\_\_\_\_) \_\_\_\_\_ **Cell Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Are you a US citizen? Yes \_\_\_ No \_\_\_ If no, are you a U.S Permanent Resident or Eligible Non Citizen? Y/N or Other

**2. FAMILY INFORMATION (this section for dependents only)** Applicants are automatically considered to be dependent students for financial aid purposes (meaning financial aid eligibility will be determined including parent information) unless they meet the federal definition of an independent student. Refer to the Financial Aid website for complete definition at: [www.studentaid.ed.gov](http://www.studentaid.ed.gov)

**Parent Contact #1:** (If Applicable)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Contact #2:** (If Applicable)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Are your parents:** ( please select) \_\_\_ Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Widow/Widower

<b>Mother's Full Name:</b> _____	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<b>Father's Full Name :</b> _____	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address-if different from yours: _____		Address-if different from yours: _____	
Occupation: _____		Occupation: _____	
Place of employment: _____		Place of employment: _____	
College ( if any): _____		College ( if any): _____	
Degree (if any) : _____		Degree (if any) : _____	

### Spouse or Guardian Information:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Ph. No.** \_\_\_\_\_

➤ **Because we are mandated to maintain information to TITLE IV, we are asking the following information:**

**Age:** \_\_\_\_\_ **Sex:** Female or Male **Nationality:** African American Asian Caucasian Hispanic Unknown

**Marital status:** Single Married Divorced Widowed Separated Other: \_\_\_\_\_ **# of children** \_\_\_\_\_

**Maiden name:** \_\_\_\_\_ **Previous married Name (if applicable):** \_\_\_\_\_

**Living with:** (please circle) Parent Self Guardian Spouse Friend Relative Other: \_\_\_\_\_

## 2. EDUCATION:

Please provide us with your education history. Panache Academy of Beauty requires a high school diploma or G.E.D and high school transcripts for enrollment for all of our programs. **Panache Academy of Beauty will take every measure possible on Validation of any diploma / Transcript supplied to us.** The admission office will confirm all students' Transcripts / Diplomas that arrive directly from a high school or from the Student Directly. The admission office may request additional information regarding the student's diploma at any point during the admission process. A diploma/transcripts release form can be presented and signed by the student if further measures are needed for verification. This is also required for all FAFSA Title IV processing.

### Scholarship:

\*Have you been awarded any scholarships that you will be using towards your education: Y or No... If yes please indicate amounts and when you will be awarded the scholarship(s): \_\_\_\_\_

### HIGH SCHOOL EDUCATION:

Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Received Diploma: Yes / No Date Received: \_\_\_\_\_

GED Certificate: Yes / No Date Taken: \_\_\_\_\_ Location: \_\_\_\_\_

### POST SECONDARY EDUCATION:

Have you ever attended this or any other Cosmetology School: Yes No \*If yes, please complete below info.

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Program enrolled in: \_\_\_\_\_ Hours completed: \_\_\_\_\_ Graduated: Y/N

Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Have you ever been enrolled in a Technical College before: Y / N \*If yes, please complete below info.

Technical College Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To: \_\_\_\_\_

Did you obtain a degree? Yes / No if yes, what was the major? \_\_\_\_\_

Have you ever been enrolled in a University before: Y / N \*If yes, please complete below info.

University Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To: \_\_\_\_\_

Did you obtain a degree? Yes / No if yes, what was the major? \_\_\_\_\_

## 3. EMPLOYMENT HISTORY:

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ How long were you employed / or currently: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ How long were you employed: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ How long were you employed: \_\_\_\_\_

Can we contact your employers: \_\_\_Yes \_\_\_No

## 4. REFERRAL SOURCE/QUESTIONS:

How did you learn about The Academy :

\_\_\_ Current Panache student \_\_\_ Panache graduate \_\_\_ Counselor \_\_\_ Friend/relative \_\_\_ Benefit/Auction

\_\_\_ Academy visit \_\_\_ Internet \_\_\_ High School Presentation \_\_\_ Salon/owner \_\_\_ Receive Coupon

\_\_\_ Newspaper \_\_\_ Employee of Panache \_\_\_ Drive by \_\_\_ Fashion Rage

\_\_\_List name of student/graduate, or salon that referred you to us: \_\_\_\_\_

When would you like to enroll? Please select below:

Cosmetology Practitioner: January \_\_\_ April \_\_\_ May \_\_\_ June \_\_\_ August \_\_\_ September \_\_\_ October \_\_\_ December \_\_\_ YEAR (circle one ): 2015/ 2016

Aesthetician: April \_\_\_ November \_\_\_ YEAR 2015

Manicurist: April \_\_\_ October \_\_\_ YEAR 2015

Instructor: March \_\_\_ April \_\_\_ May \_\_\_ June \_\_\_ July \_\_\_ August \_\_\_ September \_\_\_ October \_\_\_ November \_\_\_

- Have you ever been convicted of a felony: \_\_\_ Yes \_\_\_ No describe : \_\_\_\_\_
- Do you need any of the following while you attend school: \_\_\_ Loans \_\_\_ Part-time work \_\_\_ Housing
- Have you ever received a Federal Financial Aid student loan? \_\_\_ Yes \_\_\_ No \*Do you plan on applying for Financial Aid: \_\_\_ Yes \_\_\_ No
- Do you wish to be employed right after graduation? Yes or No / \_\_\_ Full Time \_\_\_ Part time Expected Salary: \$ \_\_\_\_\_
- Do you have any types of Learning Disabilities that you would like to inform us of: \_\_\_ No \_\_\_ Yes, if yes Please explain. \_\_\_\_\_

Please read carefully: I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that as a student, falsified statements on this application shall be considered cause for non- acceptance to the Academy. I give permission to Panache Academy of Beauty to call any employers or references listed throughout the admissions packet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_