

Enrollment Application Form
BushCutz Barber Academy
6477 College Park Square Suite 104 Virginia Beach, VA 23464
757-420-2889



This application form must be completed and submitted to the Melodie Bush, Director of Business Affairs along with a **non-refundable \$50 registration fee** (Cash or Money Order to BushCutz Grooming)

APPLICANT SECTION

Applicant Name:

Last Name

First Name

Middle Name

Home Address:

Street and Number

City/Town

State

Zip Code

Contact Numbers:

Home Phone

Cell#

Work#

Gender __Female __Male **Date of Birth** _____

Email Address: _____

Marital Status __Single __Married __Widowed __Separated

Emergency Contact (Name & Number) _____

High School Diploma __Yes __No

GED __Yes __No __N/A

Are you currently working? ____ if yes, please provide name of Employer_____

Do you have any experience in the field of Barbering and/or other related areas of training? ____Yes ____No

How did you hear about the Barbering program at BushCutz Barber Academy? _____

Do you have any physical Handicaps that could interfere with your training? __Yes __No

Are you a Veteran, Active Duty, Dependent, or Spouse? __Yes __No

Are you eligible for Vocational Benefits? __Yes __No

Will you need payment options to assist in full tuition cost? __Yes __No

SIGNATURE SECTION

The statements and information furnished by the undersigned in this application form are true and complete.

The undersigned applicant give permission for representatives of BushCutz Barber Academy to release the applicant's records including, grades, attendance, as well as any other pertinent information that may be required by the Virginia Department of Professional Occupational.

My signature certifies that I have read and agree with the above statements.

**Signature of
Student**

Date:

Administrative Use Only

Application Fee Paid	Yes_____ No_____	Received By:
Diploma Verification	Yes_____ No_____	Received By:
Identification Confirmed	Yes_____ No_____	Received By:
Approval	Yes_____ No_____	Received By: