BAY AREA HAIR INSTITUTE, LLC 1133 El Camino Real, Suite 1 South San Francisco, CA 94080-3288 Telephone: (650) 952-3034

APPLICANT INFORMATION							
Last Name	First	First			Middle		
Street Address						Apartment/Unit #	
City	State	State			ZIP		
Home Phone	Cell Phone				Email:		
Government Social Section Photo ID #		ırity# D			Dat	e of Birth:	
Course Applied for 1500-Hour	smo Crossover	no Crossover 200-Hour Refresher Full-Time Part-Time					
Are you a citizen of the United States? YES \(\square\) NO \(\square\) If no, are you authorized to work in the U.S.? YES \(\square\) NO \(\square\)							
Do you have any medical problems?		NO If so, what?					
Have you ever been convicted of a felony? YES NO If yes, explain							
(CIRCLE ONE): Male/Female Single/Married/Separated/Divorced							
EDUCATION							
High School Address							
From To	Did you graduate?	YES NC		Degree			
College	lege Address						
From To	Did you graduate?	YES NO Degree					
Other Address							
From To	Did you graduate?	YES NO Degree					
Unresolved child support or traffic tickets will delay the issuance of a barber license.							
EMERGENCY & REFERENCES							
Full Name				Relationship			
Address				Phone ()			
Full Name				Relationship			
Address				Phone ()			
Full Name				Relationship			
Address				Phone ()			
DISCLAIMER AND SIGNATURE							
[Initial] I, have had a complete tour of the campus and received the school catalog. I further consent to and authorize the barber college or its duly authorized agents to release/supply copies of whatever portion of my school records that may be required/requested by authorized agencies or individuals. THE SCHOOL MAINTAINS A DRUG-FREE POLICY, WHICH IS POSTED. I hereby certify the above to be true statements and I understand that false or misleading information in my application may result in rejecting my application for registration.							
Signature				Date			