



K-Beauty School

www.koreabeautyschool.com

3751 Venture Dr. Suite 240 Duluth, GA 30096 / Tel.770-851-7106 / Fax 470-294-1738 / kbeautyschool@hotmail.com

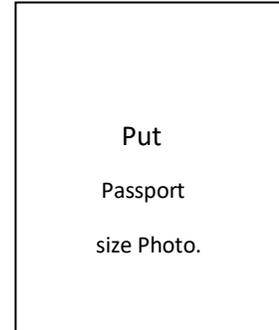
APPLICATION FOR ADMISSION

The information requested on this form, as well as accompanying application materials, will be carefully reviewed by the Admission Committee and therefore should be typed or neatly printed.

Program Information

*I am applying for the

- Master Cosmetologist Esthetician Nail Technician
 Master Cosmetology Instructor Esthetician Instructor
 Nail Technician Instructor Certificate Program & Extra Courses



* I am applying for admission: Year **2022**

- January February March April May June
 July August September October November December

* I am applying for a: Full-time student Part-time student

* I am interesting in (schedule): Days Evenings

Personal Information

*Name: _____
Last Name First Name Middle Name

*Mailing Address: _____
Street

City State Zip

*Phone Number: _____ Email: _____

* **Country of Citizenship** or legal permanent residence: _____

* **Date of Birth:** _____ **Place of Birth:** _____
Month/Date/Year City, State, Country

If not a U.S. Citizen, specify *type of visa* if permanent resident, give alien registration number: _____

* **Gender:** Male Female

* **Marital Status:** Single Married



K-Beauty School

www.koreabeautyschool.com

3751 Venture Dr. Suite 240 Duluth, GA 30096 / Tel.770-851-7106 / Fax 470-294-1738 / kbeautyschool@hotmail.com

Education

List chronologically all colleges, universities, and high school attended. Attach a separate sheet if necessary. *Official transcripts from schools are required for admission.*

* **Name of School:** _____

attended from _____ to _____ Degree /date granted _____

Address: _____

* **Name of School:** _____

attended from _____ to _____ Degree /date granted _____

Address: _____

* **Name of School:** _____

attended from _____ to _____ Degree/date granted _____

Address: _____

Employment and Military History

Employer: _____ Hired from _____ to _____

Address: _____

Employer: _____ Hired from _____ to _____

Address: _____

Employer: _____ Hired from _____ to _____

Address: _____



K-Beauty School

www.koreabeautyschool.com

3751 Venture Dr. Suite 240 Duluth, GA 30096 / Tel.770-851-7106 / Fax 470-294-1738 / kbeautyschool@hotmail.com

Emergency Contact Identify a person who may be contacted in case of an emergency.

* Name: _____
Last First Middle

* Address: _____
Street City State Zip

* Relationship to you _____ Phone number: _____

Please answer the following question in 2 or 3 sentences.

1. How did you hear about K-Beauty School? _____

2. Why did you choose K-Beauty School? _____

3. What is your goal to achieve in this study? _____

4. What are the obstacles in achieving goals? _____

Signature of Applicant: _____ Date: _____
Month /Date/ Year