



Admission Application

Please print clearly.

Name: _____ | _____ | _____ | _____ | _____
Last name First name Preferred first name M.I. Maiden

Mailing address: _____
Number & street City State Zip code

Permanent address: _____
(if different) Number & street City State Zip code

Telephone: (_____) _____ Cell phone: (_____) _____

E-mail: _____ IM: _____

Gender: Male Female HOW DID YOU HEAR ABOUT US ? _____

Date of birth: _____ | _____ | _____ Age: _____
MM DD YYYY

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Which program are you interested in? Cosmetology Nail Technician Esthetician
 Full Specialist (Skin Care & Nail Care) Massage Therapy (MI only) Teacher Training (MI only)

Which campus location would you like to attend? Merritt Island West Melbourne

Did you graduate high school or have a GED? Yes No Date of Completion: _____

1.) Please list your goals that you wish to achieve upon becoming licensed. _____

I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application, or dismissal from Academy of Cosmetology if later discovered. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (diploma, official transcripts, down payment, etc.) to be received by the Admissions Office AT THE TIME OF MY ENROLLMENT.

Applicant Signature: _____ Date: _____

PLEASE EMAIL THIS APPLICATION TO: academyinquiries@cfl.rr.com

Or Bring in person to the Campus you wish to attend or call:

Academy of Cosmetology
2088 N. Courtenay Pkwy.
Merritt Island, FL 32953
321-452-8490

Academy of Cosmetology
2909 W. New Haven Ave.
West Melbourne, FL 32904
321-728-1104

WE LOOK FORWARD TO MEETING YOU!