**$100.00 Application Fee (non-refundable)**

**GA School of Cosmetology Inc.**

**Application Form**

**Name**

**.**

**Home address**

**.**

**City, State zip code**

**.**

**Phone # / Alternate #**

**.**

**Date of birth**

**.**

**Social security number**

**.**

**Drivers license number or ID**

**.**

**Name of person or emergency contact/phone number**

**.**

**High School Diploma GED**

**Do you have any experience in the hair industry?\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any license?\_\_\_ If yes, what kind? \_\_\_\_\_\_\_**

**How did you hear about our school? .**

**Date. .**

**Signature. .**