

Dudley Beauty College

2031 Rhode Island Ave, NE Washington D.C. 20018

202-269-3666

www.DudleyBeautySchool-DC.com

Application for Admission

Start Date: _____ Day Evening Full-Time Part-Time New Student
 Re-Enrollee Transfer

Please Type or Print

Full Name:

LAST NAME

FIRST NAME

MIDDLE NAME

Social Security Number _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

STREET

CITY

STATE

ZIP

Telephone: Cell (____) _____ Work (____) _____ Email Address _____

EMERGENCY INFORMATION - Person to notify in case of an emergency:

Name _____ Address _____

Telephone: Day (____) _____ Evening (____) _____ Relationship _____

Course of Study:

General Cosmetology

Nail Technology

Instructor Training

Have you previously obtained credit hours? Yes No If yes, where _____ when _____ how many hours _____? Please have a transcript sent to our school verifying hours and live model performances. Explain why you did not complete their program. If additional space is needed, please attach a separate sheet.

Who referred you to the Dudley Beauty College? _____

How did you hear about the Dudley Beauty College.? _____

Do you have an infectious condition or illness that would affect your ability to service a client?

Yes No

If yes, please provide details. _____

Have you ever been convicted of a criminal offense? Yes No
(If yes, provide details on charges, locations, dates and dispositions. If additional space is needed, please attach a separate sheet)

Are there any criminal charges pending against you at this time? Yes No
(If yes, provide details on charges, locations and dates. If additional space is needed, please attach a separate sheet)

Have you ever been expelled, suspended or placed on probation from any school or college for any reason?
 Yes No (If yes, provide details on circumstances. If additional space is needed, please attach a separate sheet)

I certify that the information I have given on this application is complete and accurate. Any willful misrepresentation of fact may be cause for withdrawal of my application from consideration, cancellation of admission or registration or suspension from the school.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am or have been in attendance at this institution. Further, I authorize the Dudley Beauty School System, Inc. to do a criminal background check.

Signature of Applicant: _____

Date: _____

If under 18, signature of Parent or Guardian: _____ Date: _____

Statement of Purpose

Applicant Name _____

Date _____

In a minimum of 200 words (but not exceeding 300 words), write an essay describing your purpose and goal for pursuing cosmetology, nail technology, esthetics and instructor training and what influence you expect the Dudley Beauty School System, Inc. to have on your life. You may use the space below or attach additional pages if necessary. Your Statement of Purpose must be typed or printed and submitted with your application packet.

Dudley Beauty School College is committed to equality of educational opportunity and does not discriminate against applicants, students or its employees based on age, creed, color, race, religion, sex, handicap or ethnic origin. Dudley Beauty School College is open to everyone and no person will be denied admission, graduation or any other rights and privileges of Dudley Beauty College because of discrimination.

