

Application

La' James International College

Enrollment Application

please check what campus and program

- CEDAR FALLS
- CEDAR RAPIDS
- DAVENPORT
- DES MOINES
- FORT DODGE
- IOWA CITY
- EAST MOLINE
- FREMONT
- COSMETOLOGY
- 3-DAY
- 5-DAY
- MASSAGE THERAPY
- NAIL TECHNOLOGY
- ESTHETICS

FIND WHAT YOU



WHAT YOU FIND AT LJIC!!

Date: ___/___/___

Confidential (Please Print)

Name: _____
First Middle Last

Social Security # _____ - _____ - _____

Permanent Address: _____
Street City & State Zip Code

Current Address: _____
Street City & State Zip Code

Cell Phone: () _____ Secondary: () _____

Birth Date: ___/___/___ Email Address: _____
Month/Day/Year

Emergency Contact: _____

_____ Street City & State Zip Code

Relationship: _____ Phone: () _____

Parent or Guardian's Name: _____

Phone: () _____

Address: _____
Street City & State Zip Code

FOR OFFICE USE ONLY: Receipt Number: _____ Cash Check Credit Card

Date App & Fee Received: ___/___/___ Class Date: ___/___/___

Check #: _____ Credit Card #: _____ Expiration Date: ___/___/___

Program Scheduled Class Start Date: _____ - _____ - _____

Education

High School Attended: _____

Year Graduated: _____ or GED Completion Date: _____

College or Vocational School Attended: _____

Address: _____

Years Attended: (circle the appropriate number) 1 2 3 4 5 From _____ To _____
Month & Year Month & Year

If you attended a college or vocational school, did you receive financial aid while attending? Yes No

If checked yes, what is your DRN (Data Release Number)? _____

*Before submitting, remember to enclose the \$150.00 application & registration fees.
The \$50.00 application fee is non-refundable. Please submit this application
to the La' James International College you plan to attend.*

Applicant Signature

_____/_____/_____
Month/Day/Year

LJIC Representative's Signature

_____/_____/_____
Month/Day/Year

Where did you hear about La' James International College?

- ___ La' James International Graduate/Name _____
- ___ Salon Owner/Name _____
- ___ Friend/Name _____
- ___ Guidance Counselor/High School Information _____
- ___ Radio _____
- ___ Newspaper _____
- ___ Phone Book _____
- ___ Direct Mailing _____
- ___ La' James International Representative _____
- ___ Website _____
- ___ Other: _____

Do you know anyone who would benefit from a career in one of our programs?

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

Cell Number: _____

Cell Number: _____

High School Grad Year: _____

High School Grad Year: _____

Email: _____

Email: _____