

La' James International College

ENROLLMENT APPLICATION



@lajamesinternational



@ljic1



ljic1



La' James International College

PLEASE CHECK CAMPUS:

- CEDAR FALLS CEDAR RAPIDS DAVENPORT
 DES MOINES FORT DODGE IOWA CITY

PLEASE CHECK PROGRAM:

- COSMETOLOGY 5 DAY ESTHETICS MASSAGE THERAPY
 NAIL TECHNOLOGY TEACHER TRAINING

Cosmetology only: Choose Shears Left hand Right hand

*Do you have, or have you ever been licensed in the health and beauty field? Yes ___ No ___
 If yes, check licenses: Cosmetology Nail Technology Esthetics Massage Therapy

Start Date: ___/___/____ Shirt Size: _____ (Small to 4XL)

CONFIDENTIAL (PLEASE PRINT)

GENERAL INFORMATION

Full Name: _____

Cell Phone: () _____ Secondary: () _____

Social Security # _____ - _____ - _____ Drivers Lic #/State _____

Address: _____

Birth Date: ___/___/____ Street City & State Zip Code E-mail Address: _____

MARITAL INFORMATION

Marital Status (check one):

- MARRIED / IF SO WHAT IS YOUR MAIDEN NAME? _____ WIDOWED SINGLE SEPARATED DIVORCED

Spouse: _____

Name

Phone #

REFERENCES

Parents: _____

Name

Phone #

Other: _____

Name

Phone #

Emergency Contact: _____

Name

Phone #

FOR OFFICE USE ONLY: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit/Debit Card		
Date App & Fee Received: ___/___/____ Class Date: ___/___/____		
Enrollment Special \$: _____	LJIC Event _____	Enrollment Credit \$: _____ Enrolled at Previous School Proof of Receipt

La' James International College

EDUCATION

High School Diploma GED HSED Home School Completion
 English-Translated Qualified Foreign High School Diploma Grad Year:_____

College Career College Vocational Year Completed:_____ Degree/ Certificate: Circle One
Name Of College Attended:_____

Name	City	State
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FINANCIAL AID

Will you be applying for financial aid? Yes No Don't Know
Have you received financial aid previously at another college? Yes No Don't Know

DEMOGRAPHICS

Various governmental agencies require private postsecondary educational institutions to compile statistics on the institution's student population. Information requested on this questionnaire will be kept confidential and will be used only to compile information for the purposes described above. Completion of this section in no way affects any decision regarding admission to any of the academic programs.

PLEASE CHECK ONE:

- Non-Resident Alien Hispanic/Latino American Indian/Alaska Native Asian
 Black or African American White Native Hawaiian/Pacific Islander Two/More Races
 Race/Ethnicity Unknown

The information on this application is correct to the best of my knowledge. I understand that my enrollment is dependent upon its accuracy and verification. 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 Print Name Month/Day/Year

_____/_____/_____
LJIC Representative's Signature Print Name 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
- ___ Facebook
- ___ Instagram
- ___ Website/On-Line _____
- ___ La' James International Representative
- ___ 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:_____
E-mail:_____	E-mail:_____