

# APC Enrollment Application

Start Date: \_\_\_\_\_ Cosmetology: \_\_\_\_\_  
Grad Date: \_\_\_\_\_ Aesthetics: \_\_\_\_\_  
Course Cost: \_\_\_\_\_ Manicure: \_\_\_\_\_  
Deposit Paid: \_\_\_\_\_ Instructor: \_\_\_\_\_



2600 W Hudson Rd Ste A Rogers, AR 72756  
Phone #: (479) 246-0046

## Contact Information

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Email: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ city state zip code  
High School Name/GED Office: \_\_\_\_\_ City/State: \_\_\_\_\_

## Your Social Media

Instagram: \_\_\_\_\_ How did you hear about APC? \_\_\_\_\_  
Facebook: \_\_\_\_\_ What is your T-Shirt size? \_\_\_\_\_  
Snapchat: \_\_\_\_\_

Do you opt in for text messages from APC? Yes \_\_\_ No \_\_\_

## Demographics

*The ADH Cosmetology Section and the US Dept of Education collect statistics for the following areas.  
The information does not leave your file by name, only quantities. None of this information will affect your registration in any way.*

<b>Race/Ethnicity/Please check one.</b>	<b>Dependency Status (same as FAFSA):</b>	<b>Marital Status:</b>
Hispanic/Latino ___	Independent ___	Single ___
American Indian/Alaska Native ___	Dependent ___	Married ___
Black/African American ___	Head of Household ___ (per taxes)	Separated ___
Asian ___	Number of dependents ___	Divorced ___
Native Hawaiian/Pacific Islander ___		Widowed ___
White ___	<b>Income by category:</b>	<b>Housing:</b>
Two or more races ___	Urban (over \$100,00) ___	With Parents: ___
	Suburban (\$25,000-\$100,000) ___	Off campus/not with parents ___
	Rural (under \$25,000) ___	

**Travel:**  
How many miles to school? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Guardian/Parent: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(If under 18 years old)  
Office Staff: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_