

Dunbar Barber Academy

Enrollment Application

Please fill out the following information
Any fields marked with an * are required.

Name * _____

Address * _____

Address 2 _____

City * _____ State * _____ Zip * _____

Email Address _____

Daytime Phone * _____ Evening Phone _____ Cell Phone _____

Marital Status * _____ Date of Birth ____/____/____

Will be attending *

| | |
|-----------|-----------|
| Part Time | Full Time |
| Mornings | Evenings |

Previous Cutting Experience *

| | |
|-----|----|
| Yes | No |
|-----|----|

If Yes, Explain

Future plans in the barber industry

Payment method for tuition * _____ Party responsible for tuition * _____

Emergency Contact 1 *

| | |
|----------|-------|
| Name | _____ |
| Phone | _____ |
| Relation | _____ |

Emergency Contact 2 *

| | |
|----------|-------|
| Name | _____ |
| Phone | _____ |
| Relation | _____ |

Have you ever been convicted of a felony or misdemeanor? *

| | |
|-----|----|
| Yes | No |
|-----|----|

If Yes, Explain