

UNITY COSMETOLOGY COLLEGE
24 Vermillion Plaza
Pontiac, IL 61764
Phone: 815-844-3100 Fax: 815-844-3188

INSTRUCTIONS

1. Schedule an appointment for final visit by calling:

815-844-3100

2. Fill this form out completely.

3.* Pay the \$100.00 registration fee in the form of a check or money order made payable to:

Unity Cosmetology College

4. Submit all required Documentation

ALL steps are required prior to being admitted.

**This fee is required to hold a space in the class.*

** Registration fee is refundable if not accepted by the school.*

Please complete both sides of this application.

Name Last First M.I.

Permanent Address City State Zip

Home phone Work phone Cell phone e-mail address

Social Security Number Date of Birth

Sex U.S. Citizen Martial Status
 Male Yes No Single Married Divorced Separated Female

Place of Birth: City County State

In Case of Emergency Contact:

Name: Home phone Cell phone Work phone

Father's name: Occupation Employer

Address (if different from applicant)

Mothers' name Occupation Employer

Address (if different from applicant)



Send billing to: **Father** **Mother** **Self**

Racial Ethnic Group:

This information is voluntary and will be kept confidential. Data provided will not be used in the admission decision and will not result in adverse treatment.

White, non-hispanic Hispanic Asian

Applying for:

-  Cosmetology
 - € Full time € Part time
 - € LACC
-  Cosmetology Teacher

Class start date: _____

Prominent Hand _____

Educational History:

High School Graduation _____ year

G.E.D. _____ year

Name of High School _____

Address _____ City _____ State _____ Zip _____

Name of High School Counselor: _____

Colleges and dates attended:

Graduated: Yes No

Degree Y/N

Are you a veteran?

Yes No

Have you been convicted of any criminal offense in any state or Federal court (other than minor traffic violations)?

Yes No

Have you ever been convicted of a felony?

Yes No

Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your chosen profession, including any disease or condition generally regarded as chronic by the medical community, i.e. mental or emotional disease or condition, alcohol or substance abuse, physical disease or condition, that would interfere with your ability to practice your profession?

Yes No

Are you currently on any medication for any mental or emotional disease or condition?

Yes No

Have you been denied a professional license or permit, privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing agency in Illinois or elsewhere?

Yes No

Have you ever been discharged from the armed forces or from a city, county, state or federal position?

Yes No

Are you more than thirty days delinquent in compliance with a child support order?

Yes No

Are you in default on an educational loan or scholarship provided/guaranteed by any governmental agency?

Yes No

Do you plan on applying for financial assistance?

Yes No

I/we certify that all of the above information provided on this application is correct and complete. I/we understand that withholding information requested on this application or giving false information may make me ineligible for admission or subject to dismissal.

I/we understand that the \$899.00 equipment fee must be paid prior to attending full time.

I/we understand that tuition payment arrangements must be made prior to attending classes.

Student Signature _____ Parent/Guardian Signature _____ Date _____

Application must be signed prior to approval. Parent/Guardian signature required for all LACC students.

References: (Name, address, phone)

1. _____

2. _____