

Print and complete this Application Form
-fax it to: 501-562-6037- or bring it by the school
at 5108 Baseline Road, Little Rock, AR 72209

This will begin your application into school.

**ARKANSAS BEAUTY SCHOOL
APPLICATION FORM**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

eMail Address: _____

Phone: _____ Date of Birth: _____

Age: _____ Marital Status: _____

Number of Children: _____ Ages: _____

U.S. Citizen? Yes___ No___

Do you have a high school diploma or GED? Yes___ No___

Previous Education

Name of Post Secondary School: _____

Degree or Certificate earned: _____

Did you receive any financial aid? Yes___ No___

If yes, what type: _____

Are you in default on a student loan? Yes___ No___

Student Signature _____ Date _____

Reminders

Requirements include High School Diploma or GED, Social Security Card,
Arkansas Drivers License or ID, Resident Alien Card.

All paperwork must be completed and turned in two (2) weeks prior to start date to qualify.