

Welcome! Thank you for considering DuVall's as your school choice. We will be glad to answer any questions you have about our school or the cosmetology industry. To begin, please provide some basic information below.



### ADMISSIONS INTERVIEW RECORD

#### PERSONAL DATA

Name _____	Phone _____
Address _____	Cell Provider (for texting capability) _____
_____	Alternate Phone _____
e-mail _____	Birthdate _____

#### EDUCATIONAL HISTORY

Education Level: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Home School Diploma <input type="checkbox"/> GED <input type="checkbox"/> State Approved Equivalency Test <input type="checkbox"/> ATB Test <input type="checkbox"/> Other _____	Have you ever attended any college or vocational school? <input type="checkbox"/> Never, not even for one day <input type="checkbox"/> Yes, no degree obtained <input type="checkbox"/> Yes, degree obtained _____
YEAR above obtained in _____	Have you had any previous Cosmetology/Esthetics related training? <input type="checkbox"/> No <input type="checkbox"/> Yes, in the state of Texas <input type="checkbox"/> Yes, in another state _____
STATE above obtained in _____	Do you or have you ever held a license to practice in any state? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____

#### CAREER AND SCHOOL CONSIDERATIONS

Which program(s) are you most interested in? _____	<input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetics <input type="checkbox"/> Instructor
What motivated you to choose this industry? _____	
Do you have any health issues that would prevent you from standing for long hours behind a chair or sitting for long hours over a manicure table or facial bed? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____	
What is your current employment status? _____	
Do you intend to work while attending school? _____	
Are you interested in learning more about Financial Aid, Scholarships, and Payment Plans? <input type="checkbox"/> No <input type="checkbox"/> Yes	
How did you hear about DuVall's (check all that apply) <input type="checkbox"/> Online Search <input type="checkbox"/> FaceBook <input type="checkbox"/> Billboard <input type="checkbox"/> Driving By <input type="checkbox"/> TV <input type="checkbox"/> Referred by _____ <input type="checkbox"/> DuVall Website <input type="checkbox"/> Twitter <input type="checkbox"/> Career Fair <input type="checkbox"/> Newspaper <input type="checkbox"/> Mail <input type="checkbox"/> Other _____	
Do you have any friends or family you think might like to attend school with you? _____	

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**APPLICATION FOR ENROLLMENT**

**PERSONAL DATA**

Legal Name _____ (must match on Social and Picture ID)	Phone _____
Permanent Address _____	Social Security Number _____
e-mail _____	Birthdate _____ Under 18? <input type="checkbox"/> No <input type="checkbox"/> Yes (requires parent signature)
	Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes

**PROGRAM SPECIFICS**

Program: <input type="checkbox"/> Cosmetology (1500 hours) <input type="checkbox"/> Esthetics (750 hours) <input type="checkbox"/> Instructor (750 hours)	Schedule <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Start Date desired: _____	Dominant Hand <input type="checkbox"/> Left <input type="checkbox"/> Right
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**CAREER AND SCHOOL CONSIDERATIONS**

No  Yes Do you request an evaluation to receive part or all of previous hours of training from any other school?

No  Yes Will you need Financial Assistance to attend school?

No  Yes \_\_\_\_\_ Application for State Licensure may be denied, or require additional steps to acquire approval if the applicant has ever been convicted of any kind of felony. Additional information from Texas Dept of Licensing & Regulation is available to applicants for enrollment. Have you ever been convicted of a felony?

No  Yes Good attendance is necessary to acquire a great educational experience. Do you have any concerns about anything that might prevent you from maintaining an acceptable attendance record? (stable housing & transportation, work schedule, daycare, physical/mental health, appointment requirements, etc)

Concerns \_\_\_\_\_

No  Yes Have your questions regarding tuition and fees, admissions, curriculum and state licensing requirements, and financial assistance options for this school been answered to your satisfaction?

Concerns \_\_\_\_\_

No  Yes Do you have any friends or family members that you would like for us to contact or send information regarding enrollment at DuVall's School of Cosmetology?

Contacts \_\_\_\_\_

By signing below, I understand that the information provided on the **ADMISSIONS INTERVIEW RECORD** and the **APPLICATION FOR ENROLLMENT** will be used to prepare enrollment paperwork, and certify that it is current and true information. I Understand that satisfactory documentation of ID, educational requirement, and age requirement must be submitted Prior to signing an enrollment agreement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARANT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ APPLICANT ACCEPTED      \_\_\_\_\_ APPLICANT REJECTED