

## Application for Enrollment (Please Print)

Approved and Regulated by the Colorado Department of Higher Education, Private Occupational School Board

Please provide the following information. Upon submission of application please include \$150 Registration Fee. Fee is payable by check or money order made payable to Montage Academy. Please ensure that applicants name is written on the check. Upon acceptance, a letter will be sent to applicant and \$150 Registration Fee retained as a deposit against tuition and fees. Should acceptance be denied \$150 Registration Fee will promptly be refunded to applicant.

## Applicant Information

Full Legal Name \_\_\_\_\_  
Last First Middle

Preferred First Name \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver License No. and Exp Date \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Male  Female Marital Status \_\_\_\_\_

### Race:

- |   |   |
|---|---|
| <input type="checkbox"/> Hispanic of any race           | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Two or more races                |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> Unknown race                     |

- Is this the first time you will be attending our school? \_\_\_\_\_
- Is this the first time you have attended any post secondary school? \_\_\_\_\_
- Dependency status: \_\_\_\_\_ Dependent \_\_\_\_\_ Independent
- Head of Household \_\_\_\_\_ Yes \_\_\_\_\_ No
- Number of Dependents \_\_\_\_\_
- Miles traveled to this school \_\_\_\_\_
- Housing: \_\_\_\_\_ Independent Living \_\_\_\_\_ Living with Parents
- Income \_\_\_\_\_/Year

### Demographic area you are living in:

- Urban (over 100,000)
- Suburban (25,000-100,000)
- Rural (under 25,000)

**Citizenship:**

- U.S. Citizen
- U.S. Permanent Resident \_\_\_\_\_  
Resident Alien No.: A- \_\_\_\_\_  
Date Issued \_\_\_\_\_
- Also, if under 18 years of age you must supply:  
Parent's Resident Alien No.: A- \_\_\_\_\_  
Date Issued \_\_\_\_\_

- Non-U.S. Citizen  
County of Citizenship \_\_\_\_\_  
Length of Time in U.S. \_\_\_\_\_
- I Have a Visa  
Type \_\_\_\_\_ Expiration Date \_\_\_\_\_
- I Don't Have a Visa

**Contact Information**

- Parent(s)
- Legal Guardian
- Spouse

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver License No. and Exp Date \_\_\_\_\_

**Program of Study**

**Program of Study:**

- Cosmetology (1800 hours)
- Hairstylist (1200 hours)

- Esthetician (600 hours)
- Manicurist (600 hours)

- Full Time Student Self pay
  - Full Time Fed aid.
  - Part Time Student
- Time of Study:**
- Day  Night

**Student Classification:**

**Education Completed**

**High School**

List current or last high school attended.

Name of High School	City/State	From (mo/yr)	To (mo/yr)	Graduation (mo/yr)	or	Highest Grade Completed (1-12)
_____	_____	____/____	____/____	____/____		_____

Have you earned a diploma?  Yes  No      Have you earned a GED?  Yes  No



**College**

List all colleges you have attended, are currently attending, or plan to attend before enrolling at Longs Peak Academy.

	Name of Institution	City/State	From (mo/yr)	To (mo/yr)	Degree and Date Earned
1.	_____	_____	___/___	___/___	_____
2.	_____	_____	___/___	___/___	_____
3.	_____	_____	___/___	___/___	_____
4.	_____	_____	___/___	___/___	_____

**References**

**Reference 1:**

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Reference 2:**

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Signatures**

**I hereby certify that to the best of my knowledge the information furnished on this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
If applicant is under 18 years of age, a parent or guardian's signature also is required.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_