



6775 W. 88th Ave.
Westminster, CO
80031

Application for Enrollment (Please Print)
Higher Education, Private Occupational School Board

Approved and Regulated by the Colorado Department of

Please provide the following information. Upon submission of application please include \$150 Registration Fee. Fee is payable by check, money order or credit card, make Check payable to Montage Academy. Please ensure that applicants name is written on the check. Upon acceptance, the \$150 Registration Fee will be retained as a deposit to the student's ledger. 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 _____

Have you ever been convicted of a felony? _____

Can we run a background check on you? _____

Race:

- Hispanic of any race
- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Two or more races
- 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: _____ Living with Parents _____ Independent Living
- 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

- Non-U.S. Citizen
Country of Citizenship _____

Resident Alien No.: A- _____

Length of Time in U.S. _____

Date Issued _____

- I Have a Visa

Type _____

Expiration Date _____

- I Don't Have a Visa

Also, if under 18 years of age you must supply:

Parent's Resident Alien No.: A- _____

_____ Date issued _____

Emergency Contact Information

- Parent(s)

- Legal Guardian

- Spouse/Partner/Other

Name

_____ Last

_____ First

_____ Middle

Present Address

_____ Street

_____ City

_____ State

_____ Zip

Telephone: Home (_____) _____ Business (_____) _____

Cell (_____) _____

Program of Study

Program of Study:

- Cosmetology (1500 hours)
- Hairstylist (1200 hours)
- Nail Technician (600 hours)

- Barber (1500 hours)
- Esthetician (600 hours)

Student Classification: Time of Study:

- Day FT Night PT

- Full Time Student Self pay
- Part time Self pay
- Full Time Fed Aid
- Part Time Fed Aid



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 is also required.

Parent/Guardian Signature _____ Date _____