



**North Florida Cosmetology Institute**  
2424 Allen Road; Tallahassee Fl. 32312  
850-878-5269 (phone) 850-878-8255 (fax)  
www.cosmetologyinst.com

**ADMISSIONS APPLICATION**  
(Please complete both sides of application)

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_  
Former Names \_\_\_\_\_  
Email Address \_\_\_\_\_

**Gender:** Male  Female

**Check one or more:**

- White  Black or African American  Asian  Native Hawaiian/ Pacific Islander  
 American Indian or Alaskan Native  Hispanic / Latino

**Emergency Contact Person:** \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_ (signature gives us consent to contact your parent or legal guardian)

**If you are under 18 years of age you must complete the following**

Name of legal guardian \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**High School Education**

- Yes I have a High School Diploma  Yes I have a GED  
 No I do not have a GED or High School Diploma

**High School** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_  
**What year did you graduate** \_\_\_\_\_ **Or, when do you plan to graduate?** \_\_\_\_\_

-As set forth in its student catalog, North Florida Cosmetology Institute does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status.

- I certify that the foregoing information contained in this application is true and correct. I understand that misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I intend to abide by the rules and regulations of NFCI. I understand the application fee is non-refundable after 3 days. ALL MATERIALS SUBMITTED BY APPLICATION BECOME THE PROPERTY OF NFCI AND WILL NOT BE RETURNED TO THE APPLICANT.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

