

***Faded & Co. Barber Academy***  
2215 Emancipation Hwy, Ste 102 Fredericksburg, VA 22401.

**Application for Enrollment**

Start Date \_\_\_\_\_ ( ) Day ( ) Evening ( ) Full-time ( ) Part-time ( ) New Student  
( ) Re-enrollee ( ) Transfer

(Please Print or Type)

Full Name \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Street City State

Zip Code

Telephone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

Sex M-F Ethnic Group Citizenship  
( ) African American ( ) United States Citizen  
( ) Asian or Pacific Islander ( ) United States Permanent Resident  
( ) Caucasian (enclose copy of alien card, front & back)  
( ) Native American ( ) Not a United States Citizen or Permanent

Resident

Course of Study:

( ) Barbering

Have you previously obtained credit hours? ( ) Yes ( ) No If yes, where \_\_\_\_\_  
When \_\_\_\_\_

How many hours? \_\_\_\_\_. Please have a transcript sent to our school verifying hours. If  
previous school is in another state, please request a Board Certification Letter from your  
Board to be sent to our school.

Who referred you to Faded & Co. Barber Academy? \_\_\_\_\_.

How did you hear about Faded & Co. Barber Academy? \_\_\_\_\_.

*Emergency Information*-Person to notify in case of emergency

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_

Telephone Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Relationship \_\_\_\_\_

Do you have an infectious condition or illness that would affect your ability to service a client? ( ) Yes ( ) No

If yes, please provide details

\_\_\_\_\_.

Have you ever been convicted of a criminal offense? ( ) Yes ( ) No If yes, give details

\_\_\_\_\_.

### **Application for Enrollment (Continue)**

Are there any criminal charges pending against you at this time? ( ) Yes ( ) No If yes, give details \_\_\_\_\_

\_\_\_\_\_

Have you ever been expelled, suspended, or placed on probation from any school or college for any reason? ( ) Yes ( ) No If yes, give details

\_\_\_\_\_.

Have you ever attended another college or school? ( ) Yes ( ) No If yes, please provide the following information on your previous Barber School(s).

Name \_\_\_\_\_

Name

\_\_\_\_\_

Address \_\_\_\_\_

Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State

\_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Telephone Number ( )

\_\_\_\_\_

Date of Attendance \_\_\_\_\_

Date of Attendance

\_\_\_\_\_

Explain why you did not complete their program. If additional space is needed, please attach a separate sheet.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share with us your interest, hobbies, special training and skills that would contribute to your education.

\_\_\_\_\_

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I certify that the information I have given on this application is complete and accurate. Any willful miss-representation of fact may be cause for withdrawal of my application from consideration, cancellation of admission or registration or suspension from the school.

I hereby acknowledge that the school may verify the information set forth herein from sources accessible under law to institution, but that the school may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1074 if I am or have been in attendance of this school. Further, I authorize Faded& co. Barber Academy to do a criminal background check.

The following items must accompany this application for enrollment.

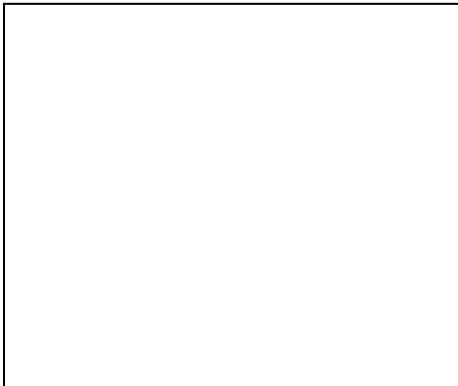
- Copy of transcript from prior Barber School if transferring student
- Copy of Social Security card
- Copy of Driver's License (or Birth Certificate, Photo ID card 2x2 )
- \$1500 Deposit
- Statement of Purpose (see enclosed)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

If under 18, signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_



**Picture Id**

**Faded & Co.**  
**Statement of Purpose**  
**Application for Enrollment (Continue)**

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

In a minimum of 150 words (but not exceeding 250 words), write an essay describing your purpose and goal for pursuing Barbering and what influence you expect Faded & Co. Barber Academy to have on your life. You may use the space below or attach additional pages if necessary. Your statement of purpose must be submitted with your application of enrollment.

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Student signature \_\_\_\_\_ Date \_\_\_\_\_