



NEW IMAGE TECHNICAL CENTER

APPLICATION

CONTACT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME; \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Marital Status: S M D Right or Left Handed
Shirt Size S M L XL

Mothers Name: \_\_\_\_\_ Address: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Address: \_\_\_\_\_

EDUCATIONAL BACKGROUND

High School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Highest level completed: \_\_\_\_\_ Receive: Diploma or GED

Employed: \_\_\_\_\_

COURSE INFORMATION

FINANCIAL PLANS

\_\_\_\_ Cosmetology (Full-Time) \_\_\_\_ Cosmetology (Part-Time) \_\_\_\_ Personal Payments
\_\_\_\_ Nail Technician (Full-Time) \_\_\_\_ Nail Technician (Part-Time) \_\_\_\_ 90 days Same as Cash
\_\_\_\_ Esthetics (Full-Time) \_\_\_\_ Esthetics (Part-Time) \_\_\_\_ Monthly Payment w/interest

CLASS START DATE \_\_\_\_\_

\*\*Must be paid in full prior to completion of course \*\*

O'FALLON CAMPUS ST. JACOB CAMPUS

At New Image Technical Center, we are committed to producing exceptional salon professionals. We provide exceptional facility, faculty and specialized training programs to help you channel your creativity. We prohibit the use of alcohol, tobacco or drugs (except those prescribed by a physician). I certify that all answers on this application are true and complete to the best of my knowledge. I also understand that submitting false information may be sufficient cause for the school to cancel my enrollment and require withdrawal and in no way releases self from incurred financial obligations. .

Signature

Date

\*THIS APPLICATION CREATES NO OBLIGATION FOR THE APPLICANT AND DOES NOT GUARANTEE ACCEPTANCE INTO A COURSE OR CLASS

825 W. Hwy 50
O'Fallon, IL 62269
618-624-2099

10537 Ellis Road
St. Jacob, IL 62281
618-644-2099