

DON ROBERTS SCHOOL OF HAIR DESIGN

152 EAST US ROUTE 30

SCHERERVILLE, INDIANA 46375

219-864-1600

donrobertsschoolofhairdesign.edu

Application for Admissions

Personal Information

Name _____ Phone Number ____/____/____ Social Security Number ____/____/____

Emergency Contact Name/Relationship and Phone Number _____ ____/____/____

Email Address _____@_____ Cell Number ____/____/____

Address _____ City _____ State _____ Zip _____

Birthdate ____/____/____ Age _____ Do you currently hold any license in the cosmetology field? ____ Yes ____ No

- High School Graduate ____ GED ____ College Graduate ____
- Female ____ Male ____
- Single ____ Married ____ Divorced ____ Widowed ____ Number of Children/Dependents ____
- Asian ____ Black ____ Caucasian ____ Hispanic ____ Native American ____ Other/Identify _____

Program of Interest _____ Are you interested in cross study/more than one license? Yes ____ NO ____

Have you participated in on line education? Yes ____ No ____ Were you successful? ____ Yes ____ No ____ NA

Tell how you learn best. 1-4/1 Most Difficult/4 Easiest Method

- ____ Hands On/Participation
- ____ Demonstration/Observation
- ____ Lecture/Academic
- ____ On Line/Self Learner

When would you like to begin classes? Check One or More

- Summer Session ____
- Fall Session ____
- Winter Session ____
- Spring Session ____

Financial Support/FASFA Code 013998

Would you like information on financial aid? ____ Yes ____ No **Continue with the following questions if you answered yes.**

Have you filed a current FASFA? ____ Yes ____ No If Yes, When did you file it? _____

Have you taken any schooling since high school ____ Yes ____ No Detail _____

Would you like information on any of the following?

- Grants ____
- Student Loans ____
- Private Scholarships Offered ____

Transparencies

Our Current Outcome rates Posted in 2020 for 2018.

- Completion 83.72%
- Licensure 100%
- Placement 75%

- ❖ Our campus has a NO tolerance policy.
- ❖ Conviction of a felony will NEGATE your ability to obtain a license in Indiana and Illinois.
- ❖ You must have a VALID social security number to sit for the licensing exam in Indiana and Illinois.

Consumer Information

On our web site/www.donrobertsschoolofhairdesign.edu you will find orientation and consumer information, to include, but not limited to:

- Student Handbook
- School Catalog
- Course Outlines
- Consumer Disclosure Statements
- Licensing Criteria
- Employment Information
- Annual Outcome Rates

I acknowledge that I have been to the schools web site and have read and understand the orientation and consumer disclosure material presented. I also understand that I must attend an orientation, where I may obtain further clarity, prior to enrollment and that the school will notify me as to the date, time and means of delivery.

Initials _____ Date ____/____/____

Enrollment Requirements/Email drschoo@sbcglobal.net

- Completed and Signed Enrollment Application
- Copy of Birth Certificate or Valid Passport
- Proof of GED or High School Completion/English Only/Valid Translation Required for those not in English
- Copy of Driver’s License/Government Issued ID/MUST match name on this application
- Copy of Social Security Card/MUST match name on this application
- Copy of Document(s) that verify ANY change of name

I understand that I have submitted all of the documents required and attest to its accuracy. I acknowledge that the school has the right to query those documents, and may require an original document and that the submission of false documentation may adversely affect my application for enrollment and/or licensure.

Initials _____ Date ____/____/____

By submitting this application, I understand that I am making an application for enrollment and give the school to permission to contact me via phone, email and/or text.

Signature _____

Date ____/____/____

ATTITUDE is a little thing that can make a big difference in all you think and do.

Jan Stemmer,
President