

Application

LJIC *Application* FOR ENROLLMENT

- FORT DODGE
- DES MOINES
- IOWA CITY
- CEDAR FALLS
- DAVENPORT
- EAST MOLINE
- COSMETOLOGY
- MASSAGE THERAPY
- NAIL TECHNOLOGY
- ESTHETICS

**Go confidently in the
direction of your dreams.
Live the life you have
imagined.**

-Henry David Thoreau

please check what campus and program

Date: ___/___/___

Confidential (Please Print)

Name: _____
First Middle Last

Social Security # _____ - _____ - _____

Permanent Address: _____
Street City & State Zip Code

Current Address: _____
Street City & State Zip Code

Current Phone: () _____ Secondary/Cell Phone: () _____

Birth Date: ___/___/___ Email Address: _____
Month/Day/Year

Name & Address of person to be notified in the event of an emergency: _____

Street City & State Zip Code

Relationship: _____ Phone: () _____

Parent or Guardian's Name: _____

Phone: () _____

Address: _____
Street City & State Zip Code

FOR OFFICE USE ONLY: Receipt Number: _____ Cash Check Credit Card

Date App & Fee Received: ___/___/___ Class Date: ___/___/___

Check #: _____ Credit Card #: _____ Expiration Date: ___/___/___

Program Scheduled Class Start Date: _____ - _____ - _____

Education

High School Attended: _____

Year Graduated: _____ or GED Completion Date: _____

College or Vocational School Attended: _____

Address: _____

Years Attended: (circle the appropriate number) 1 2 3 4 5 From: _____ to _____
Month & Year Month & Year

If you attended a college or vocational school, did you receive financial aid while attending? Yes No

If checked yes, what is your DRN (Date Release Number)? _____

*Before Submitting, remember to enclose the \$150.00 application & registration fees.
\$50.00 application fee is non-refundable. Please submit this application
to the La' James International College you plan to attend.*

Applicant Signature

_____/_____/_____
Month/Day/Year

LJIC Representative's Signature

_____/_____/_____
Month/Day/Year

Where did you hear about La'James International College?

- La'James International Graduate/Name _____
- Salon Owner/Name _____
- Friend/Name _____
- Guidance Counselor/High School information _____
- Radio _____
- Newspaper _____
- Phone Book _____
- Direct Mailing _____
- La'James International Representative _____
- Website _____
- Other: _____

Do you know anyone who would benefit from a career in one of our programs?

Name: _____
Address: _____
City: _____
State: _____
Phone Number: _____
High School Grad Year: _____
Email: _____

Name: _____
Address: _____
City: _____
State: _____
Phone Number: _____
High School Grad Year: _____
Email: _____