



1ST SCHOOL OF HAIR DESIGN
4088 #1 Murphy Ln. Louisville, Ky. 40245
Telephone: (502) 632-1544
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REGISTRATION FORM

Date: _____
Name: _____ Date of Birth: _____
Driver's License No: _____ Social Security No: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone No. () _____ Cell Phone No. () _____
Email: _____

Education:

High School Diploma: Yes _____ No _____ If yes, what year did you graduate: _____
If no what is the last grade completed: _____
GED: Yes _____ No _____ When did you obtain your GED: _____
Do you have a college degree: Yes _____ No _____ What year did you graduate: _____
Name of college you attended and/or graduate from: _____
What was your major _____

Have you attended a barber college, trade school or any vocational school prior to applying to NAI's 1st School of Hair Design Yes _____ No _____

If, yes what was the name of the school: _____

How many hours were accumulated: _____

Have you ever served in the Armed Forces: Yes _____ No _____

What branch of service did you serve in: _____

When did you serve: _____

Are you using your GI Bill: Yes _____ No _____

Employment:

Are you currently employed: Yes _____ No _____

If yes place of employment: _____

How many hours do you work per week: _____

Are you planning to work while in school Yes _____ or No _____

Do you plan to attend school Full Time _____ or Part Time _____

How do you plan to pay for school: Pay in Full _____ Payment Plan _____ Other _____

