



NOVA
ACADEMY OF COSMETOLOGY

Rochester: 507.280.6910

Mankato: 507.345.4033

Woodbury: 651.333.1410

info@nova-academy.com

admissions@nova-academy.com

admissions.woodbury@nova-academy.com



Rochester: 5979 Bandel Rd, Rochester, MN 55901

Mankato: 500 Raintree Road, Suite 10, Mankato, MN 56001

Woodbury: 1750 Weir Dr, Woodbury, MN 55125

APPLICATION FOR ENROLLMENT

Name: _____

Permanent Address:

Street: _____ County: _____

City: _____ State: _____ Zip: _____

Local Address (if different):

Street: _____ County: _____

City: _____ State: _____ Zip: _____

So. Sec. No.: _____ - _____ - _____

Home phone No.:(____) _____ - _____

Cell phone No.:(____) _____ - _____ Email: _____

Date of Birth: ____/____/____

Driver's License #: _____

Educational Background: GED

HS Diploma received in _____(year) from:

High School Name _____

City, State _____

Have you ever attended a post-secondary institution? Yes No

Marital Status: Single ___ Married ___ Divorced ___ Separated ___

If married or separated: Spouse's Name: _____

Number of Children: _____ List ages, if applicable: _____

Present Employment: _____ Spouse's Employment _____

Employer's Address: _____ Employer's Phone: _____

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Ethnicity:

American Indian or Alaskan Native

Asian

Black or African American

Hawaiian or Pacific Islander

Hispanic/Latino

Nonresident Alien

Two or more races

White

Unknown

Disabling Condition:

Not Disabled

Visually Disabled

Hearing Disabled

Deaf-blind

Orthopedically Disabled

Speech Disabled

Emotional/Psych Disabled

Learning Disabled

Seizure Disorders

Multi-disabled

Other Disabled

Unavailable

REFERENCES

Please list two references below; preferably close family relatives other than spouse or parents.

THIS SECTION MUST BE COMPLETED IN FULL

Name: _____ Telephone No.:(____) _____ - _____

Street: _____ City: _____ State: _____

Zip: _____

Name: _____ Telephone No.:(____) _____ - _____

Street: _____ City: _____ State: _____

Zip: _____

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected.

In consideration of my enrollment, I agree to conform to the school's rules and regulations.

Signature _____ Date: _____