



Paul Mitchell the School Green Bay
P.O. Box 28257 -- Green Bay -- WI -- 54324

Application for Admission

Student Information (Please Print):

Date _____

Name: _____ Address: _____

City/State: _____ Zip: _____ Email: _____

Phone: _____ Alternate Phone Number: _____ Social Security Number: _____

Date of Birth: _____ United States Citizen: ____ Yes ____ No Race: _____

Gender (circle one): M F Marital Status (circle one): Single Married Minor Other

Previous Education:

High School: _____ City/State: _____ Grad Date: _____

College: _____ Years: _____ Degree: _____

Contacts:

Nearest Relation: _____ Relationship: _____

Phone: _____ Alternate Phone Number: _____

Program Information:

Please choose a program: ____ Cosmetology ____ Barbering Do you cut right or left handed? _____

What is your start date? _____

Are you transferring from another school? ____ No ____ Yes If yes, how many hours do you want to transfer? _____

How did you first hear about our school? (Choose one)

- ☐ Paul Mitchell Name/Products
- ☐ Internet Search (Google, Bing, etc.)
- ☐ Social Media (Facebook, Twitter, etc.)
- ☐ Current Future Professional or Graduate; Please list their name: _____
- ☐ Design Team/School Event
- ☐ High School
- ☐ Salon; Please list the salon name: _____
- ☐ Location/Walk-in/Service Guest
- ☐ School Team Member; Please list their name: _____
- ☐ Family Member/Friend
- ☐ Billboard Advertising
- ☐ TV Commercial
- ☐ Other: _____

TO FINALIZE YOUR APPLICATION, PLEASE SEND THE FOLLOWING TO THE ADDRESS LISTED ABOVE:

1. A complete application.
2. A \$50 non-refundable fee for admission processing.
3. A photocopy of your high school diploma **or** GED **or** official transcripts showing completion of education.
4. A copy of your driver's license **or** state identification **or** birth certificate.