

*South Hills Beauty Academy  
3269 West Liberty Avenue  
Pittsburgh, PA 15216*

*& North Hills Beauty Academy  
813 West View Park Drive  
Pittsburgh, PA 15229*

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**ENROLLMENT APPLICATION**

_____		_____	
Full Name		Maiden Name	
_____		_____	
Address		E-mail address	
_____	_____	_____	_____
City	State	Zip	Apt. #
_____		_____	
Social Security #		Birth Date	
_____		_____	
Emergency Contact / Relationship		Phone #	

**EDUCATION**

_____	_____
High School	Grade Completed
_____	_____
College / Other	Grade Completed

**I HERBY LIST ENROLLMENT IN THE (CHECK ALL THAT APPLY)**

**Classes Beginning \_\_\_\_\_ (Date)**

☐ **South Hills**   ☐ **North Hills**

☐ **Cosmetology**   ☐ **Manicuring**   ☐ **Esthetics**   ☐ **Instructors**

☐ **Day Classes**   ☐ **Evening Classes (South Hills only)**   ☐ **Full-Time**   ☐ **Part-Time**

**Tuition payment method**   ☐ **Pell**   ☐ **Direct Loan**   ☐ **Self**   ☐ **OVR**   ☐ **Career Link**   ☐ **Veterans**

**Have you ever been to beauty school before? \_\_\_\_\_ If so,**

_____	_____	_____
Name of School	Dates	Approximate Hours
_____	_____	_____
Signature	Date	

**NON-REFUNDABLE \$75.00 APPLICATION FEE DUE WITH APPLICATION**