

*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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## PHYSICAL ENROLLMENT APPLICATION

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FULL NAME

MAIDEN NAME

ADDRESS

APT #

CITY

STATE

ZIP

SOCIAL SECURITY #

PHONE #

AGE

(CIRCLE ONE)

VETERAN? YES OR NO

TRANSFER STUDENT? YES OR NO

If yes a notarized certificate of transfer must accompany this application

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## PHYSICIAN AFFIDAVIT

Commonwealth of Pennsylvania, County of \_\_\_\_\_

I, a licensed and registered physician under the laws of the commonwealth of Pennsylvania have examined \_\_\_\_\_,

\_\_\_\_\_, and find him/her to be free of all Infectious & Communicable diseases.

PHYSICIAN'S PRINTED NAME

DATE

ADDRESS

PHONE #

PHYSICIAN'S SIGNATURE

LICENSE #

## APPLICANT AFFIDAVIT

**MUST BE SIGNED BY APPLICANT IN THE PRESENCE OF NOTARY PUBLIC**

Commonwealth of Pennsylvania, county of \_\_\_\_\_

I, being sworn do depose and say I am the person

making the foregoing subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

I have read all the items therein this application to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Notary Public Signature