

# **SOUTH HILLS & NORTH HILLS** *Beauty Academy*

B E A U T Y   A N D   W E L L N E S S   E D U C A T I O N

## **PHYSICAL ENROLLMENT APPLICATION**

\_\_\_\_\_  
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

## **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 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**

**Or you have the option to provide supporting documentation of your visit summary**

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 received a basic physical and provided correct information to best of my knowledge.

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

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