

ROCKLEDGE INSTITUTE

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date of Birth		Social Security No.		Residency: State & County	
Your responses to Gender, Race and Ethnicity are voluntary:					
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Non-U.S. citizens must submit copies of immigration papers of Visa	
Have you or any family member been employed by Rockledge Institute?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	OR Date GED Received
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list two references (Personal or Professional)

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PROGRAM OF INTEREST

Please list the Program(s) that you are interested in:

	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

STUDENT AND PARENT AGREEMENT

I/We certify that my/our answers are true and complete to the best of my/our knowledge.
I/We certify that all information submitted in this application is true to the best of our knowledge.
I/We understand that any misrepresentation of facts may result in the immediate cancellation of the student application or registration.
I/We have received a Rockledge Institute School of Health & Beauty disclosure sheet with cost information. I/We understand that in the event that I decide not to attend, after paying the \$350 Books and Supplies Fee and the \$100 Application Fee, Rockledge Institute School of Beauty & Health will retain the \$100 Application Fee to cover administration costs and supply order costs.

Student Signature

Date

Parent/Guardian
Signature

Date