



Enrollment Application

For Office Use Only	
Test _____	Date _____
Date accepted _____	
Diploma	<input type="checkbox"/>
Letter of Recommendation	<input type="checkbox"/>
Driver's License	<input type="checkbox"/>
Letter of Intent	<input type="checkbox"/>
Portfolio	<input type="checkbox"/>
Tour	<input type="checkbox"/>
Enrollment Date _____	

**Personal Information**

Full Legal Name (Last, First, Middle)	Daytime Phone Number		
Former Name (if different than above)	Evening Phone Number		
Receive Text Messages - By checking the box to the right you grant permission to Casal Aveda Institute to send you updates via text messages* <input type="checkbox"/>	Mobile Phone Number		
Mailing Address: Street	City	State	Zip
Permanent Address (if different than above)			
Social Security Number	Email Address		

**Residency Information**

Are you a US Citizen? Circle One Yes                  No	If no, what type of Visa (i.e. permanent resident, immigrant, refugee, F-1)
Country of Birth	Alien Registration Number (if any)
State in which you claim legal residency	How Long have you been a resident?
Do you plan on returning to that state after completion of this program? (Circle One)	Yes                  No

**Education Plans**

Cosmetology <input type="checkbox"/>	Esthiology <input type="checkbox"/>	Manicuring <input type="checkbox"/>	Instructors <input type="checkbox"/>	Date you are planning to attend school 1st Choice _____ 2nd Choice _____
(Check One Box Please)				
Have you ever attended an Aveda Institute? (circle one) Yes                  No	Program Attended and Start Date			
How did you hear about Casal Aveda Institute?				
Will you be applying for Financial Aid? (circle One)	Yes	No		
Will you be applying for Student Loans? Circle One	Yes	No		

**Educational Background**

Name of High School/Colleges attended	City/State	Graduation Date	Area of Study

## Personal History

List any information below that you want Casal Aveda Institute to know about you?


**Please submit all of the following admissions requirements with the enrollment application.**

- A Fully Completed Application Form**
- A Non-Refundable \$75.00 Application Fee (Check or Money Order ONLY)**
- An Official High School Transcript or a Copy of your Diploma/Copy of your GED Certificate**
- A letter of recommendation from someone who is not a family member** (letter must be typed, please have individual writing the letter include their name, address, phone and relation)
- Copy of your Driver's License**
- Please use the following questions as a guide for your letter of intent:  
(Must Be Typed)**
  - What inspires you to educate yourself in this profession?
  
  - What is your future goal?
  
  - Who inspires you to be the person you are today and why?
  
  - Why did you chose Casal Aveda Institute?
- Magazine Portfolio** (see attached directions)

Note: After completing the following requirements you must take and pass a Basic Skills Exam

## Student Certification

I certify that the information I have provided for admissions to the Casal Aveda Institute is complete and accurate to the best of my knowledge. I understand that misrepresentation of information is sufficient grounds for canceling admission to Casal Aveda Institute.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

For office Use Only:

Notes/ Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_