

Unique Hair Design The School
208 West Meeting
Lancaster, SC 29720
803-285-2512



BARBER SCHOOL APPLICATION

Personal Information

Full name (First, Last, Middle): _____

Home Address: _____

City, State, Zip: _____

Telephone: Primary (_____) _____

Secondary (_____) _____

Email Address: _____

Social Security Number#: _____ - _____ - _____

Date of Birth: ____/____/____ Gender: Male Female

Marital Status: Single Married Divorced

Are you a veteran? Yes No If yes service

#Are you employed? Yes No

Place of Employment (Work Shift(s)) _____

Please list any physical disabilities Unique Hair Design The School should be aware of:

Admission Information

Highest level of education completed High School Graduate GED Certificate

Name of High School or Program

Month/Year of Completion

Desired start date to begin school:

Desired program schedule:

F/T Morning: Tuesday – Friday 9 a.m. – 5 p.m. & Saturday 9 a.m. – 1 p.m.

P/T Day: Tuesday – Friday 9 a.m. – 1 p.m. & Saturday 9 a.m. – 1 p.m.

Have you attended barber school previously? Yes No

Hours transferring ____

Hours must be approved, recognized, accepted by Unique Hair Design The School and the SC Barber Board before acceptance into school and before signing the Unique Hair Design The School Enrollment Agreement.