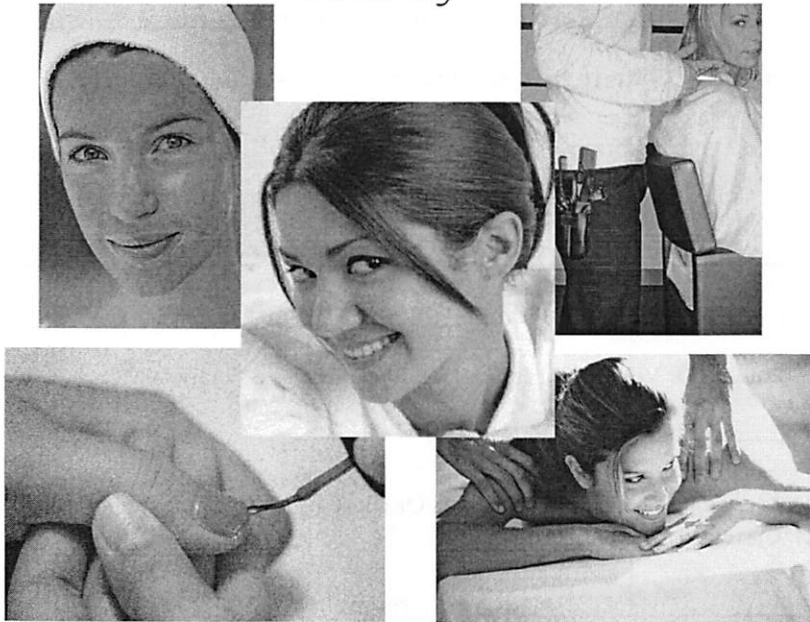


The Original La'James College Mason City

College Catalog Insert #A



FOR SCHOOL USE ONLY

Application Received _____

Class Date _____

Registration Fee Received _____

Screening Committee Decision _____

MEDIA CODE

PLEASE CHECK ALL THE FOLLOWING THAT MAY APPLY.

How Did You Hear About La'James?

Newspaper
 Radio
 Cosmetologist Recommended
 TV
 A Friend Who Attended La'James College
 High School Counselor
 Referred By _____
 Internet Site

SPECIFY ACTUAL SOURCE:

**APPLICATION FOR ENROLLMENT TO:
LA'JAMES COLLEGE**

24 2nd St. N.E.
Mason City, Ia 50401
(641) 424-2161

CONFIDENTIAL: (Please Print Or Type)

DATE: _____/_____/_____

Note: A \$50.00 Application Fee Is Required With This Application.

NAME: _____ **SOCIAL SECURITY #** _____-_____-_____

Last First Middle

PERMANENT ADDRESS: _____

Street City State Zip Code

CURRENT ADDRESS: _____

Street City State Zip Code

CURRENT TELEPHONE: _____ **YOUR DATE OF BIRTH:** _____/_____/_____

CURRENT CELL-PHONE: _____ **EMAIL ADDRESS:** _____@_____

NAME & ADDRESS OF PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY.

RELATIONSHIP TO YOU: _____ **PHONE #:** _____

PARENT OR GUARDIAN'S NAME: _____ **PHONE #:** _____

ADDRESS: _____

Street City State Zip Code

WHICH PROGRAM DO YOU WISH TO ATTEND?

COSMETOLOGY CADET MASSAGE THERAPY
 JUNIOR/SENIOR PROGRAM ESTHETICIAN NAIL TECHNICIAN

ATTACH
A
RECENT
PHOTOGRAPH
OF
YOURSELF
HERE

Schedule Class Date You Wish To Attend (refer to insert): _____

EDUCATION:

High School Attended: _____

Year Graduated: _____ Or GED Completion Date: _____

Have You Attended A College Or Post High School Vocational Program?

_____ YES _____ NO

If Yes - Names Of All Colleges Or Vocational Schools Attended With Their Addresses:

Years Attended: 1 2 3 4 5 6 From: ____/____/____ To ____/____/____

If You Attended A College Or Vocational School, Did You Receive Financial Aid

While Attending? _____ YES _____ NO

REFERENCES: The References Can Be An Employer, Teacher, Counselor, Family Members Or Close Friends. These References Will Be Sent An Evaluation Form, So Please Fill Out Correct, Current & Complete Addresses.

1) Name: _____

2) Name: _____

3) Name: _____

Address: _____

Address: _____

Address: _____

City: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

State: _____ Zip: _____

Work Phone: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Home Phone: _____

Relationship: _____

Relationship: _____

Relationship: _____

BEFORE SUBMITTING THIS APPLICATION HAVE YOU ENCLOSED THE FOLLOWING?

- 1) Your High School Diploma, Or GED Certification, And/Or High School Transcript?
- 2) A \$50.00 Registration Fee?
- 3) A Current Photograph?
- 4) A Copy Of Your Drivers License Or Birth Certificate For Proof Of Age?

APPLICANT SIGNATURE

DATE

Name Of Interested Friends To Receive Complimentary Career Information:

1) Name: _____

2) Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone: _____

Phone: _____

High School Grad? _____ Yes _____ No

High School Grad? _____ Yes _____ No

If No - Year In School: _____

If No - Year In School: _____

Please Send This Application To:

LA'JAMES COLLEGE
24 2nd St. N.E.
Mason City, Ia 50401
Attention: **Susan Rentz**