



**Metropolitan Barber Academy**

207 Valley Road, Enola, PA 17025

Telephone: (717) 307-9333 Fax: (800) 708-3150

Email: metropolitanbarberacademy@gmail.com

Website: [www.metrobarberacademy.com](http://www.metrobarberacademy.com)

where all instruction occurs

**Metropolitan Barber Academy**

**Pre-Admission Questionnaire**

**There is a \$100 non-refundable Application fee once you complete the application**

Date of Interview \_\_\_\_\_ Contract Date \_\_\_\_\_ Start Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone#1 \_\_\_\_\_ Phone#2 \_\_\_\_\_ Sex \_\_\_\_\_

Social Security# \_\_\_\_\_ Annual Income \_\_\_\_\_

Date of Birth \_\_\_\_   /  /   Age \_\_\_\_\_ Dependency Status \_\_\_\_\_

Citizenship \_\_\_\_\_

Head of Household \_\_\_\_\_ Marital Status \_\_\_\_\_ Housing \_\_\_\_\_

Military Status \_\_\_\_\_

Program of Interest \_\_\_\_\_

High School Diploma/GED \_\_\_\_\_ Graduation Date \_\_\_\_\_

Did you have any additional support/assistance/IEP in High School? (circle)      YES      NO

Have you attended any other barber school(s)? {circle}      YES      NO

Are you currently attending any college or trade schools? (circle)      YES      NO

If yes, where? \_\_\_\_\_

Are you a first-time degree-seeking student? \_\_\_\_\_

Do you plan on filing for Federal Financial Aid, such as VA? (circle) Are

YES NO

you in default on any outstanding loans? (circle)

YES NO

Completion of the following is optional:

What is your race/ethnicity? Please provide a check on the appropriate line.

African American/Black

Caucasian/White

Asian

American Indian/Alaskan Native

Hispanic/Latino

Other       Two or More Races       Race Unknown

How did you hear about Metropolitan Barber Academy? \_\_\_\_\_

Have you visited our website? \_\_\_\_\_

Do you know anyone who's attended our school? \_\_\_\_\_

Why do you think this is the career for you?

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Is there any reason you could not start at the scheduled time?

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Do you have dependable childcare? \_\_\_\_\_

Are you willing to attend every day, be on time, arrive dressed appropriately, be a team player, and work independently? \_\_\_\_\_

Do you have any disabilities that would interfere with your role as a student we should be aware of? \_\_\_\_\_

Are you a smoker? Yes  NO

Have you been convicted or pled guilty of any crimes?

Yes  NO

Are you currently under doctor's care? YES\_\_\_ NO\_\_\_

What are your short/long term goals?

Is there any additional information that you would like to share?



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**Student Attendance Schedule**

	Start	End
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

\_\_\_\_\_ I AGREE THAT I WILL ARRIVE 10 MINUTES BEFORE MY SCHEDULED START TIME.

\_\_\_\_\_ I AGREE THAT I WILL GET APPROVAL FROM AN INSTRUCTOR BEFORE LEAVING SCHOOL.

\_\_\_\_\_ I AGREE TO PROVIDE A 24 HOUR SCHEDULED ABSENCE NOTICE.

\_\_\_\_\_ I AGREE TO PROVIDE A 30 MINUTE ABSENCE NOTICE WHEN SICK.

\_\_\_\_\_ I AGREE TO GET PERMISSION FROM AN INSTRUCTOR PRIOR TO TAKING BREAK.

\_\_\_\_\_ I UNDERSTAND AND AGREE TO THE SCHEDULE LISTED ABOVE AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM METRO BARBER ACADEMY IF THERE IS ANY ADJUSTMENTS THAT NEED TO BE MADE TO THIS SCHEDULE.