



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	
<i>Please list two references (Personal or Professional)</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE (IF ANY PLEASE LIST)

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:

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