



BEAUTY  
ACADEMY

175 Toney Penna Drive  
Suite 201  
Jupiter, Florida 33458

561-532-3611  
FAX: 800-455-1412

Applying For Year  
(Required)

Semester (Required)

Spring Semester

☐

Fall Semester

☐

**CONTACT INFORMATION**

First Name

Last Name

Other Legal Name

Date Of Birth MM/DD/YYYY (Required)

Gender

Male

☐

Female

☐

Social Security Number

Permanent Address

City

State

Zip

Mailing Address

(If Different Than Permanent Address)

City

State

Zip

Home Phone

Business Phone

Mobile Phone

Fax

Email Address

### EMERGENCY CONTACT INFORMATION

First Name

Last Name

Relationship To Applicant

Emergency Contact Primary Phone Number

Emergency Contact Email Address

### PREVIOUS EDUCATION

### PERSONAL INFORMATION

Have you ever been convicted of a felony or misdemeanor other than a traffic violation?  
If so, please describe:

Have you ever had a professional credential or license revoked or suspended? If so,  
please describe:

May we contact your current employer? If yes, please provide their name & contact:

Are you performing the job for which you were scholastically trained? If no, please  
explain:

How did you hear about Palms Beauty Academy? Please be specific:

Was an individual instrumental in helping you make your decision to attend Palms  
Beauty Academy? If so, who can we thank?

An Application for admission is valid for one calendar year from the date of the original  
submission. This application can be moved to another term within the calendar year. In  
the event that admission standards or the format of the application has changed, a new  
application may be required.

Please affirm the following statement by entering your name and today's date below as  
a digital signature:

I certify that all information provided in this application and in supporting

I certify that all information provided in this application and in supporting documents provided in connection herewith is correct and complete and satisfies the requirements of this application. I understand that I may be required to furnish documented proof of the information given. Furthermore, I understand that if any documents provided are shown to be fraudulent, I may be subject to legal actions. I agree that though I may be academically qualified, acceptance to the Palms Beauty Academy is based upon the discretion of the Admissions Committee, and that admission does not create any promise or guarantee of future licensure or employment.

Full Name

Date Signed

Parent / Guardian

Full Name

Date Signed

Palms Beauty Academy Signature

Full Name

Date Signed

The binding document shall contain the date and signature of the applicant and if the applicant is under eighteen (18) years of age, and the acceptance date and signature of the appropriate official at the institution.

Your application will be processed once the application fee is received in full.

You may pay for the application fee directly online via the link on the admissions page of [palmsbeautyacademy.com](http://palmsbeautyacademy.com)