

Cedar Rapids

Davenport

Dubuque

Waterloo

Enrollment Application

Program: Cosmetology Esthetics Massage Therapy Nail Tech

Class Start Date: _____

Personal Information

Name: _____
First Middle Last

Maiden Name: _____ **Date of Birth:** _____

Address: _____
Street Address City, State, Zip

Cell Phone Number: _____ **Email Address:** _____

Place of Employment: _____ **Work Phone Number:** _____

Social Security Number: _____

Intended Payment Plan:

Cash/Payment Plan

Housing: With Parent(s) Off Campus/Not with Parent(s)

FAFSA/Financial Aid

Emergency Contact Information

Name: _____ **Email Address:** _____
First Last

Cell Phone Number: _____ **Address:** _____

Education Information

High School Graduation/GED/HiSET Date: _____ **Current medically approved IEP:** Yes No

High School/Equivalency Name: _____ **City, State, Zip:** _____

Did you attend college? Yes No **Did you receive a bachelor's degree?** Yes No

Did you use Financial Aid? Yes No

If yes, Name of College: _____ **City, State, Zip:** _____

Confidential Information

A criminal record/felony could restrict your ability to gain licensure in some states. Have you ever been convicted of anything more severe than a minor traffic violation? Yes No If yes, please describe in detail: _____

The school reserves the right to confirm any information submitted, complete a background check, record the admissions interview, and deny or terminate any applicant giving false information.

Capri College admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, sex, sexual orientation/identity, national or ethnic origin in administration of its educational policies, admission policies, financial assistance program, or other school administered programs.

I HAVE COMPLETED THIS APPLICATION TO THE BEST OF MY KNOWLEDGE, AND I STATE THAT THE INFORMATION GIVEN HERE IS TRUE AND CORRECT. Providing false information could lead to denied acceptance or termination from the school.

Applicant Signature: _____ **Date:** _____

Parent or Guardian Signature (If applicant is under the age of 18):

_____ **Date:** _____

All information is confidential and used exclusively for enrollment purposes.

Admissions Requirements

1. Submit a completed Capri College Enrollment Application with a non-refundable \$100 application fee.*
2. Participate in a campus visit and successfully complete a pre-admissions interview.
3. Submit a High School Diploma, High School Transcript, or GED/HiSET certificate.
4. Submit a copy of a valid driver's license or government issued ID.

*An applicant will have the opportunity to withdraw without penalty by notifying the school within 3 business days following either the regularly scheduled orientation procedures or following a tour of the school facilities and inspection of equipment where training and services are provided, and is entitled to a refund of all monies paid.

Cedar Rapids
2945 Williams Parkway S.W.
Cedar Rapids, IA 52404
319.364.1541
800.397.0612

Davenport
2540 East 53rd Street
Davenport, IA 52807
563.388.6642
800.728.1336

Dubuque
395 Main Street
Dubuque, IA 52001
563.588.2379
800.728.0712

Waterloo (*branch of Dubuque*)
2323 Crossroads Blvd
Waterloo, IA 50702
319.234.2600
855.702.2774

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