



6790 Market st  
 Upper Darby, Pa. 19082  
 (484)461-3945  
[bbcbeautyacademy@gmail.com](mailto:bbcbeautyacademy@gmail.com)  
[www.bbcbeautyacadem.net](http://www.bbcbeautyacadem.net)

## Registration Form

**Student ID#:**

I. Name of last high school attended: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name attended under if different?

IN CASE OF EMERGENCY, PLEASE CONTACT :

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Student's email address:

- A. Are you a high school graduate? \_\_\_YES \_\_\_NO      Year of Hs graduation:
- B. Are you a GED graduate? \_\_\_YES \_\_\_NO      GED Certification Number
- C. If you answered "YES" to a HS or GED graduate, is this an online school? YES NO

II. Residency Status: \_\_\_\_\_US Citizen \_\_\_\_\_Permanent  
    Resident \_\_\_\_\_Other

III. Have you previously attended any post- secondary school or college? \_\_\_\_\_YES \_\_\_\_\_NO  
 If yes, please complete the following per school attached.

- A. Name of institution:  
     Address:  
     City:                      State:                      Zip:
- B. Dates attended: \_\_\_\_\_ to \_\_\_\_\_
- C. Name attended under if different:
- D. Did you receive a Bachelor's Degree? \_\_\_NO \_\_\_YES

IV. Do you have credits/ hours from a prior enrollment?  
 \_\_\_\_\_NO \_\_\_\_\_YES

- A. If yes, how many hours?



B. Would you like to consider transferring credit/hours?

I understand that I may **NOT** request consideration of prior training for credit after begin attending

C. Where are hours being requested from?

V. Have you completed a FAFSA application for the current award year? \_\_\_\_\_YES \_\_\_\_\_NO

A. If yes, what is your DRN#?

VI. For educational supply information (select one)

Are you: \_\_\_\_\_ Left Handed \_\_\_\_\_ Right Handed

VII. Textbook Option:

\_\_\_\_\_ purchase Samsung Galaxy \_\_\_\_\_ Re enter ( download at no charge) \_\_\_ N/A

The following information is optional and will be used for reporting purposes only:

\_\_\_\_\_ Decline to respond

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Racial/Ethnic Category:

\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian

\_\_\_\_\_ Black/African American \_\_\_\_\_Caucasian /White

\_\_\_\_\_ Hispanic \_\_\_\_\_ Native Hawaiian/Pacific Islander

\_\_\_\_\_ Non Resident Alien

**I certify that I am of good moral character and am free from contagious or infectious disease.**

**I certify that all of the statements indicated above are true and correct to the best of my knowledge and belief.**

**I authorize BBC BEAUTY ACADEMY to obtain a copy of my credit history if deemed necessary**

**I understand the appropriate application fee must be paid prior to enrollment**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BBC BEAUTY ACADEMY Signature

\_\_\_\_\_  
Date