



FOR SCHOOL USE ONLY	
Application Received	
Class Date	
Registration Fee Received	
Screening Committee Decision	

MEDIA C	ODE
PLEASE CHECK ALL THE FOLL	OWING THAT MAY APPLY.
How Did You Hear A	About La'James?
_ Newspaper	Radio
Cosmetologist Recommended	TV
A Friend Who Attended	High School Counselor
La'James College	Internet Site
Referred By	
SPECIFY ACTUA	L SOURCE:

APPLICATION FOR ENROLLMENT TO:

LA'JAMES COLLEGE

24 2nd St. N.E.

		Mason	City, Ia 50401		
CONFIDENTIAL: (Please	Print Or Type)	(64)	1) 424-2161	DATE:	_//
	Note: A \$50.00	Application F	ee Is Required With This	Application.	
NAME:			SOCIAL SECURITY	#	
Last	First	Middle			
PERMANENT ADDRESS:					
	Street		City	State	Zip Code
CURRENT ADDRESS:					
	Street		City	State	Zip Code
CURRENT TELEPHONE:			_ YOUR DATE OF BIRT	H:/_	/
CURRENT CELL-PHONE: _			EMAIL ADDRESS: _		@
NAME & A	ADDRESS OF PER	SON TO BE C	ONTACTED IN THE EVE	YT OF AN EMER	GENCY.
RELATIONSHIP TO YOU: _			PHON	E #:	
PARENT OR GUARDIAN'S	NAME:		PHON	E #:	
ADDRESS:					
	Street		City	State	Zip Code
WHICH PROGRAM DO YOU	WISH TO ATTEN	D?			

__ COSMETOLOGY _____ CADET _____ MASSAGE THERAPY

JUNIOR/SENIOR PROGRAM _____ ESTHETICIAN _____ NAIL TECHNICIAN

$College\,Catalog\,Insert\,\#A\,\,1\,1/1/16$

	Schedule Class Date You	wish to Attend (refer	to insert):	
	EDUCATION:			
ATTACH	High School Attended:			
A	Year Graduated:	Or GED	Completion Date: _	
RECENT	Have You Attended	A College Or Post	High School Vocat	tional Program?
PHOTOGRAPH		YES _	NO	
OF	If Yes - Names Of All Colle	ges Or Vocational S	chools Attended Wit	h Their Addresses
YOURSELF	7			
HERE	Years Attended: 1 2 3	4 5 6 From:	/7	Го/
TILINE	If You Attended A College	Or Vocational School	ol, Did You Receive	Financial Aid
	While Attending?			
			A LEGISLA	
REFERENCES: The References C Will Be Sent An Evaluation Form, S				. These References
1) Name:	2) Name:		3) Name:	-
Address:	Address:		Address:	
City:	City:		City:	
State: Zip:	State: /	Zip:	State:	_ Zip:
Work Phone:	Work Phone:		Work Phone: _	
Home Phone:	Home Phone:		Home Phone:	
Relationship:	Relationship:	 	Relationship:	
BEFORE SUBM	IITTING THIS APPLICATION H	AVE YOU ENCLOSE	D THE FOLLOWING	?
1) Your High School Diploma	a, Or GED Certification, And	/Or High School Tr	anscript?	
2) A \$50.00 Application Fee?				
3) A Current Photograph?				
4) A Copy Of Your Drivers Lie	cense Or Birth Certificate Fo	or Proof Of Age?		*
APPLICA	NT SIGNATURE		DATE	
Name Of I	nterested Friends To Receive	Complimentary C	areer Information:	
1) Name:		2) Name:		
Address:		Address:		
City:		City:		
State: Z	ip:	State:	Zip:	
Phone:				
High School Grad?			d? Yes	
If No - Year In School: _		If No - Year In Sc	hool:	

LA'JAMES COLLEGE 24 2nd St. N.E. Mason City, Ia 50401

Please Send This Application To: