



# Ewaylois Academy

## School of Beauty

### PROSPECTIVE STUDENT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City and State Zip Code

Phone Number: \_\_\_\_\_ Cell phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Marital Status: Single \_\_\_ Married \_\_\_

Gender: Male \_\_\_ Female \_\_\_ Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

High School Graduate: Yes \_\_\_ No \_\_\_ Year Graduated/GED acquired \_\_\_\_\_

Please list all Technical, Vocational Colleges or Universities attended: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_ Hours? \_\_\_\_\_

How long have you been thinking of pursuing your education? \_\_\_\_\_

Please list (2) reasons that have caused you to finally take action and pursue your education?

1.) \_\_\_\_\_

2.) \_\_\_\_\_

Please list any questions or concerns you would like to discuss today:

\_\_\_\_\_

\_\_\_\_\_

When would you like to start classes? \_\_\_\_\_

How did you hear about us? Facebook \_\_\_\_\_ Our website \_\_\_\_\_ A Friend \_\_\_\_\_

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