

Lorraine's Academy Enrollment Questionnaire

Citizenship: _____ US _____ Eligible non- Citizen (alien # _____) _____ Non- Citizen

Legal Residency: _____ Florida _____ Another State _____ _____ Another Country _____

“Displaced Homemaker” I have been a full time homemaker , but I am now forced by circumstances to return to the work force Y or N

Required Medications that I may have with me at school : 1. _____ Dr _____

2. _____ Dr _____

Alternate Contacts (please indicate relationship such as mother, father, spouse, boyfriend, fiancé aunt, ect.)

1. _____ () _____ () _____
Name Relationship Phone 1 Phone 2

2. _____ () _____ () _____
Name Relationship Phone 1 Phone 2

3. _____ () _____ () _____
Name Relationship Phone 1 Phone 2

Parent's Address: _____

Plan for transportation to school : _____

Skills/Experience (typing, data entry, reception, plumbing, handyman, electrical, medical, acrylic nails, massage, etc.)

_____ **I'm Employed now in this industry or _____ have previous related employment**
(at Salon, spa, beauty supply ,wellness center, department store cosmetics counter, self employed, etc.)

Name of Business: _____ City _____ Phone _____

I'm Employed while I go to school : _____ City _____ Phone _____

I chose this career because _____

“If I ever consider dropping out, please remind me that I said : _____

_____”