

Just Four Paws Academy of Pet Styling

1530 West 26th Street, Unit 1, Erie, PA 16508 Phone: 814-456-7297 FAX: 814-456-7299

Registration Form

Section I – Student Information

First & Last Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Social Security Number: _____-_____-_____

Dominant Hand (circle one): Right Left Program Interested In: _____

Section II - PA Department of Education Statistics

Race (Check One):

- | | |
|--|--|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Hawaiian Native or other Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | |

Military Service: Yes No If Yes, which Branch: _____

Disability: Yes No If yes, please explain: _____

Section II – Student Education

Highest Grade Completed:

- | | |
|---|---|
| <input type="checkbox"/> Less than High School Graduation | |
| <input type="checkbox"/> High School Graduate/Year _____ | <input type="checkbox"/> GED/Year Attained _____ |
| <input type="checkbox"/> Some Post H.S., No Degree or Certificate | <input type="checkbox"/> Certificate (<2 years) |
| <input type="checkbox"/> Associate Degree (Year: _____) | <input type="checkbox"/> Bachelor Degree or Above (Year: _____) |

Name of Last School Attended: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Section IV - In Case of Emergency Contact

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Applicant Signature

Date Signed

Session Start

Please include the \$150 Registration Fee, Proof of age (driver's license or photo ID with DOB indicated) and a copy of proof of high school or G.E.D. graduation (diploma or transcripts with graduation date) and return to the address as it appears at the top of this form.