



RIZZIERI AVEDA SCHOOL

## Student Application



RIZZIERI AVEDA SCHOOL

Education Professionals Since 1924



**Application Procedure:**

To apply, students should bring or mail the following to the Admissions Office:

1. Signed, completed application
2. Letter of intent describing reasons and goals for enrolling
3. \$50 non-refundable application fee

**Acceptance requirements:**

**PLEASE NOTE THAT THE ACCEPTANCE EXPIRES IN 3 MONTHS  
APPLICANTS NEED TO REAPPLY IN ORDER TO ATTEND THE SCHOOL**

Applicant for all programs need to complete the following:

1. Tour\*
2. Career Planning Session\*

\*For an appointment please call 856-988-8600 ext. 2270

**Registration Requirements:**

To register, students must bring the following to the Admissions Representative at the time of registration.\*

\* For an appointment please call 856-988-8600 ext. 2270

**Cosmetology, Skincare, Manicuring and Teacher Training:**

1. A \$5 check payable to the State of New Jersey.
2. Two recent photos (2" X 2").
3. Copy of your High School Diploma, Official Transcript or General Equivalency Diploma.
4. Copy of NJ driver's license, passport or birth certificate.
5. \$500 (check, cash, credit card) tuition deposit made payable to Rizzieri Aveda School (For manicuring the deposit is \$250.)

Rizzieri Aveda School is open to individuals that are 17 years of age and older, and have a High School Diploma or GED. Rizzieri Aveda School does not accept Ability to Benefit Students.

Rizzieri Aveda School, in their admission, instruction and graduation policies, does not practice discrimination on the basis of race, religion, color, financial status, sex, national origin, age, veteran status or sexual orientation.

Application Form

**Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address:**

Street & Number \_\_\_\_\_ City/State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Permanent Address:**

Street & Number \_\_\_\_\_ City/State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone Number:** ( ) \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Date of Birth :**

**Place of Birth:**

Month/Day/Year \_\_\_\_\_ City/State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Sex:**  Female  Male **Race:** \_\_\_\_\_ **Are you :**  married  single  divorced  widowed

**Are you a US citizen?**  Yes  No **If no, country of citizenship:** \_\_\_\_\_ **How many dependents ( Children ) ?** \_\_\_\_\_

**Are you a permanent resident of the US?** \_\_\_\_\_ **If so, please provide copy of Alien Registration Card.**

**Alien Registration Number:** \_\_\_\_\_

**Are you still attending High School?**  Yes  No **If no do you have a :**  High School Diploma  GED

**Name of High School or where you attended GED program**

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**LIST BELOW ALL COLLEGES OR POST- SECONDARY SCHOOLS ATTENDED:**

Name of college or School \_\_\_\_\_ City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

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**EMPLOYMENT: ( If applicable)**

**Employer Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Date Employed:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_ **Full or Part Time:** \_\_\_\_\_

**Are you applying as a :**  Full time Student  Part time Student

**Entering Month/Year :** \_\_\_\_\_ **Program Name :** \_\_\_\_\_ **Right Hand:** \_\_\_\_\_ **Left Hand:** \_\_\_\_\_

**Emergency Contact :**

Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

**I certify that all of the above information is correct to the best of my knowledge.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_