



AVEDA INSTITUTE  
MINNEAPOLIS

## Enrollment Application

PERSONAL INFORMATION				
Full Legal Name <small>(MUST MATCH NAME ON SOCIAL SECURITY CARD)</small>			Former Name <small>(if different from left)</small>	
Cell Phone	Home Phone	Work Phone	May We Text You? <small>(circle)</small>	
			YES	NO
Mailing Address	Street	City	State	ZIP
Permanent Address <small>(if different from above)</small>				
Social Security Number		Email Address		
RESIDENCY INFORMATION				
Please Circle What Describes You: <small>(if you are neither of these, please contact your Admissions Representative)</small>				
You Are A United States Citizen		or	You Have A Green Card	
EDUCATIONAL BACKGROUND				
Have You Attended A MN High School Within The Last 10 Years? <small>(circle)</small> :			YES	NO
Name Of Last <u>High School</u> You Attended	City	State	County	Graduation Year
EDUCATIONAL BACKGROUND – IF DID NOT GRADUATE FROM HIGH SCHOOL				
Have You Received Your GED Certificate? <small>(circle one)</small>		Month And Year Completed		
YES	NO			
EMERGENCY CONTACT INFORMATION				
Name		Daytime Phone Number		
Address	Street	City	State	ZIP
Relationship To Student				
STUDENT CERTIFICATION				
<p>I certify that the information I have provided for admission to the Aveda Institute Minneapolis is complete and accurate to the best of my knowledge. I understand that misrepresentation of information is sufficient grounds for canceling admission to the Aveda Institute Minneapolis.</p> <p><b>Applicant's Signature:</b> _____ <b>Date:</b> _____</p>				
<p>The Aveda Institute Minneapolis is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation. If you have questions regarding admissions please call the Admissions Office at (612) 378.7400 or toll free at (800) 274.6778.</p>				

Office Use:

Rep: \_\_\_\_\_ Code: \_\_\_\_\_ Multi: \_\_\_\_\_ Edit: \_\_\_\_\_


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MINNEAPOLIS**

## STUDENT PERSONAL HISTORY FORM

PERSONAL INFORMATION			
First Name, Middle Initial (MUST MATCH NAME ON SOCIAL SECURITY CARD)		Last Name (MUST MATCH NAME ON SOCIAL SECURITY CARD)	
Former Name (If different from above)		Preferred First Name (If applicable)	
Mailing Address	Street	City	State ZIP
Phone Number	Type (Circle)		May We Text You? (Circle)
	Cell	Home Work	YES NO
Email Address	Social Security Number		Birth Date (MM/DD/YYYY) / /
ADMISSIONS CRITERIA			
Please Circle The One Which Applies To You:			
High School Graduate	Online High School Graduate	GED -Year Completed _____	Home Schooled
ADDITIONAL INFORMATION			
Name of Last <u>High School</u> You <u>Attended</u>		State	Graduation Year (If Applicable)
Name of Last <u>College/ Post-Secondary</u> You <u>Attended</u> . <u>Do NOT include PSEO</u>		State	
Gender (Circle One)	What is your preferred gender pronoun?	Program Schedule (Circle One)	
Male Female		Day Flexible	
Race (Circle One)			
Hispanic/Latino	Black/African American	American Indian/Alaskan Native	Asian
Native Hawaiian/Pacific Islander	Caucasian	Two or More Races	Unknown
Status (Circle One)			
Dependent (Under 25, Not Married, No Children)		Independent	
Are You The Head Of Your Household? (Circle One)	How Many Children Do You Have?	How Many Miles Do You Live From School?	
Yes No			
Type Of Housing (Circle One)	Demographic Area (Circle One)		
Off Campus With Parents	Urban (Cities) Suburban (Close to Cities) Rural (Small Town)		
Marital Status (Circle One)			
Single	Married	Separated	Divorced Widowed
Own Yearly Income (Estimate)	Citizenship (Circle One)		
\$	US Citizen Non-Citizen		