

APPLICATION

204 North Penelope Street Suite F1 Belton, TX 76513 (254) 581-5995 | HAUTINSTITUTE@GMAIL.COM

Personal Information			
Full Name:			
Date of Birth:	Phone:		
Email:			
Address:			
City:	State:	Country:	
Are you a U.S. Citizen?	es 🔲 No		
If no, are you an eligible citizen?	Yes No		
What is your gender? Fem	ale Male Other	Prefer not to answer	
Alien Registration Number:			
Driver's License Number:		State:	
Age:	Marital Status:		
	Emergency Contact		
Full Name:			
Phone:	Relation	nship:	
	Education History		
What is your highest level of ec	lucation?	ege 🔲 Other	
School Attended:			
Street Address:			
City:	State:	Zip Code:	
When did you graduate?			



Education History	
Reference First and Last Name:	
Reference Phone Number:	
I have received, downloaded, or have printed out the Course Catalog.	
I verify that the above information is true and correct to the best of my knowledge. I also understand that if my application is accepted, I have transportation, day care arrangements and I will complete my program Providing false information will result in immediate termination.	•
Education Preferences	
Which Advanced Course are you interested in?	
○ Spray Tan ○ Microneedling & Dermaplaning ○ intimate Bleadling	aching
How did you hear about Haut Institute of Esthetics?	
To finalize your application, please submit the following to hautinstitute@)gmail.con
 Birth Certificate ID or Driver's License Active Cosmetology or Esthetician License 	
Signature:	
Date:	

CAN BE DROPPED OFF IN PERSON: 204 NORTH PENELOPE STREET SUITE F 1 BELTON, TX 76513 MONDAY THROUGH THURSDAY 9:00AM-9:00PM