

*South Hills Beauty Academy*  
3269 West Liberty Avenue  
Pittsburgh, PA 15216

*& North Hills Beauty Academy*  
813 West View Park Drive  
Pittsburgh, PA 15229

**PHYSICAL ENROLLMENT APPLICATION**

FULL NAME		MAIDEN NAME
ADDRESS		APT #
CITY	STATE	ZIP
SOCIAL SECURITY #	PHONE #	AGE

(CIRCLE ONE) VETERAN? YES OR NO  
TRANSFER STUDENT? YES OR NO  
If yes a notarized certificate of transfer must accompany this application

**PHYSICIAN AFFIDAVIT**

Commonwealth of Pennsylvania, County of \_\_\_\_\_  
I, a licensed and registered physician under the laws of the commonwealth of Pennsylvania have examined \_\_\_\_\_,  
and find him/her to be free of all infectious diseases.

PHYSICIAN'S PRINTED NAME	DATE
ADDRESS	PHONE #
PHYSICIAN'S SIGNATURE	LICENSE #

**APPLICANT AFFIDAVIT**

**MUST BE SIGNED BY APPLICANT IN THE PRESENCE OF NOTARY PUBLIC**

Commonwealth of Pennsylvania, county of \_\_\_\_\_  
I, being sworn do depose and say I am the person  
making the foregoing subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_  
I have read all the items therein this application to the best of my knowledge.

\_\_\_\_\_  
Student's Signature Notary Public Signature