

EVIT ADULT EDUCATION
A unit of East Valley Institute of Technology

**Registration & Enrollment
Cosmetology Program**

You will be expected to **complete** and or **provide** the forms and documents listed below as part of you registration and program enrollment process.

- Complete a Student Information Form (SIF)
- Provide a Government Issued Photo I.D. (Driver's License or State ID)
- Provide a Social Security Card
- Provide a copy of a High School Diploma or GED Certificate
- Secure an unofficial copy of the Enrollment Awareness Form & Program Payment Plan (Advisor will provide an unofficial copy of these forms upon request)
- Provide a Fingerprint Clearance Card (Day classes only if 22 years old & over)
- Complete a Felony Reporting Form (Completed & notarized when meeting with the Enrollment Advisor)


For additional information call:
480-461-4028 EVIT Adult Education Center

EVIT ADULT EDUCATION CENTER

A unit of EAST VALLEY INSTITUTE of TECHNOLOGY

1601 W. MAIN STREET - MESA, ARIZONA 85201 - P. (480) 461-4028

Student Information Form

LEGAL NAME (LAST, FIRST, MIDDLE)																				
SOCIAL SECURITY NUMBER*	DATE OF BIRTH*	GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																		
ADDRESS	CITY	STATE ZIP																		
HOME PHONE	CELL PHONE	EMAIL																		
HAVE YOU EVER ATTENDED EVIT? <input type="checkbox"/> NO <input type="checkbox"/> YES PLEASE INDICATE YOUR STUDENT ID # _____	DO YOU GIVE PERMISSION FOR EVIT TO RELEASE DIRECTORY INFORMATION RELATIVE TO YOUR ENROLLMENT (PER THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974)? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
CITIZENSHIP STATUS <input type="checkbox"/> UNITED STATES CITIZEN <input type="checkbox"/> LEGAL IMMIGRANT/PERMANENT RESIDENT DATE OF ISSUE: _____ EXP. DATE: _____ ALIEN REGISTRATION # _____ <input type="checkbox"/> LAWFUL REFUGEE OR ASYLEE DATE OF ISSUE: _____ EXP. DATE: _____ ALIEN REGISTRATION # _____ <input type="checkbox"/> LEGAL NON-IMMIGRANT SPECIFY VISA OR STATUS: _____ ALIEN REGISTRATION OR I94 # _____ EXP. DATE: _____	HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: _____ _____																			
ARE YOU A FIRST GENERATION COLLEGE STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO YOU ARE A FIRST GENERATION COLLEGE STUDENT IF BOTH PARENTS OR GUARDIANS (PARENT OR GUARDIAN IF ONLY LIVING WITH ONE) DID NOT COMPLETE A BACHELOR'S DEGREE.	LANGUAGE BACKGROUND WHAT WAS THE FIRST LANGUAGE YOU SPOKE AS A CHILD? _____ WHAT LANGUAGES WERE SPOKEN IN YOUR HOME WHEN YOU WERE GROWING UP? _____ WHAT LANGUAGE DO YOU SPEAK MOST OFTEN NOW? _____																			
RACE / ETHNICITY*** DO YOU CONSIDER YOURSELF TO BE HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH ETHNIC GROUP? _____ IF YOU RESPONDED YES TO THE ABOVE AND ARE OF MORE THAN ONE RACE, SELECT FROM ADDITIONAL ETHNICITIES BELOW. IF YOU RESPONDED NO, PLEASE SELECT ONE OR MORE OF THE FOLLOWING ETHNICITIES TO DESCRIBE YOURSELF. IF SELECTING MORE THAN ONE, PLEASE INDICATE WHICH ETHNICITY YOU CONSIDER AS YOUR PRIMARY. YOU MAY ALSO INCLUDE DETAILS REGARDING YOUR ETHNIC GROUP OR NATIVE AMERICAN TRIBE IF APPLICABLE.	EMPLOYMENT HOURS (PLANNED PER WEEK WHILE ENROLLED) <input type="checkbox"/> NONE <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31 OR MORE																			
<table border="1"><thead><tr><th>CATEGORY (CHECK ALL THAT APPLY)</th><th>PRIMARY (CIRCLE Y/N)</th><th>ETHNIC GROUP/TRIBE</th></tr></thead><tbody><tr><td><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE</td><td>Y N</td><td>_____</td></tr><tr><td><input type="checkbox"/> ASIAN</td><td>Y N</td><td>_____</td></tr><tr><td><input type="checkbox"/> BLACK OR AFRICAN AMERICAN</td><td>Y N</td><td>_____</td></tr><tr><td><input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER</td><td>Y N</td><td>_____</td></tr><tr><td><input type="checkbox"/> WHITE</td><td>Y N</td><td>_____</td></tr></tbody></table> <p>*** VOLUNTARY INFORMATION USED TO COMPLY WITH FEDERAL REPORTING HAS NO EFFECT ON ADMISSION TO EVIT ADULT EDUCATION CENTER. THIS INFORMATION WILL NOT BE USED FOR ANY DISCRIMINATORY PURPOSE.</p>	CATEGORY (CHECK ALL THAT APPLY)	PRIMARY (CIRCLE Y/N)	ETHNIC GROUP/TRIBE	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	Y N	_____	<input type="checkbox"/> ASIAN	Y N	_____	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	Y N	_____	<input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER	Y N	_____	<input type="checkbox"/> WHITE	Y N	_____	MILITARY ARE YOU CURRENTLY A MEMBER OF THE U.S. ARMED FORCES STATIONED IN ARIZONA PURSUANT TO MILITARY ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU CURRENTLY A DEPENDANT OF A MEMBER OF THE US ARMED FORCES STATIONED IN ARIZONA PURSUANT TO MILITARY ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A VETERAN OF THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A DEPENDENT ELIGIBLE FOR VETERAN BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO	
CATEGORY (CHECK ALL THAT APPLY)	PRIMARY (CIRCLE Y/N)	ETHNIC GROUP/TRIBE																		
<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	Y N	_____																		
<input type="checkbox"/> ASIAN	Y N	_____																		
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	Y N	_____																		
<input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER	Y N	_____																		
<input type="checkbox"/> WHITE	Y N	_____																		
WHAT IS YOUR HIGH SCHOOL STATUS? <input type="checkbox"/> HS DIPLOMA DATE (M/D/Y): _____ HS NAME: _____ STATE: _____ <input type="checkbox"/> GED CERTIFICATE DATE (M/D/Y): _____ <input type="checkbox"/> CURRENTLY ENROLLED IN HS HS NAME: _____ STATE: _____ <input type="checkbox"/> NO DIPLOMA OR GED (UNDER AGE 18) <input type="checkbox"/> NO DIPLOMA OR GED (AGE 18 & OVER)	VEHICLE EMISSIONS <input type="checkbox"/> WILL PARK ON CAMPUS – MUST SECURE AN EVIT PARKING PERMIT <input type="checkbox"/> WILL NOT PARK ON CAMPUS																			
PREVIOUS COLLEGE EDUCATION (CHECK HIGHEST LEVEL COMPLETED) <input type="checkbox"/> ASSOCIATE'S DEGREE <input type="checkbox"/> SOME COLLEGE OR UNIVERSITY (NO DEGREE) <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> NO COLLEGE OR UNIVERSITY <input type="checkbox"/> MASTER'S DEGREE OR HIGHER FIRST TIME SEEKING A COLLEGE OR NON COLLEGE DEGREE CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU LIKE ASSISTANCE WITH: <input type="checkbox"/> FINANCIAL AID <input type="checkbox"/> CHOOSING A CAREER/MAJOR <input type="checkbox"/> VETERAN OR ELIGIBLE DEPENDENT BENEFITS																			
	HOW DID YOU HEAR ABOUT EVIT ADULT EDUCATION CENTER? <input type="checkbox"/> TV AD <input type="checkbox"/> COUNSELOR <input type="checkbox"/> OTHER PLEASE SPECIFY: _____ <input type="checkbox"/> RADIO AD <input type="checkbox"/> FRIEND/FAMILY <input type="checkbox"/> INTERNET <input type="checkbox"/> COLLEGE/CAREER FAIR																			
	EDUCATIONAL PLAN PRIMARY REASON FOR ATTENDING EVIT ADULT EDUCATION CENTER: <input type="checkbox"/> IMPROVE MY CAREER SKILLS <input type="checkbox"/> PREPARE FOR EMPLOYMENT <input type="checkbox"/> LEARN NEW CAREER SKILLS <input type="checkbox"/> TRANSFER TO UNIVERSITY/COLLEGE <input type="checkbox"/> PERSONAL INTEREST/SELF-IMPROVEMENT <input type="checkbox"/> TRANSFER to MCCCC <input type="checkbox"/> PREPARE FOR A CAREER CHANGE																			
	FORM CONTINUES ON PAGE 2 																			

EVIT ADULT EDUCATION CENTER

Student Information Form (continued)

ACADEMIC PLAN

WHAT CERTIFICATE OF VOCATIONAL TRAINING DO YOU INTEND TO EARN FROM EVIT ADULT EDUCATION CENTER?

PROGRAM NAME: _____ I WANT TO ATTEND: DAYS NIGHTS

FUNDING SOURCE(S) (CHECK ALL THAT APPLIES)

FINANCIAL AID (GRANTS / PRIVATE LOANS)

AGENCY FUNDING

NAME OF AGENCY: _____ COUNSELOR NAME: _____ COUNSELOR PHONE: _____

OUT-OF-POCKET VETERAN OR ELIGIBLE DEPENDENT BENEFITS

SIGNATURE

I CERTIFY THAT THE ANSWERS ON THIS STUDENT INFORMATION FORM ARE TRUE, CORRECT, AND COMPLETE. IN ADDITION, I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY EXPENSES INCURRED AT EVIT ADULT EDUCATION CENTER IN THE EVENT THAT I AM UNABLE TO OBTAIN ENOUGH FINANCIAL RESOURCES TO COVER MY EDUCATIONAL COST.

X

SIGNATURE OF STUDENT _____ DATE _____

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL AND IN COMPLIANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 (FERPA). FERPA'S PROVISIONS ARE EXPLAINED IN THE EVIT ADULT EDUCATION CENTER STUDENT HANDBOOK.

*YOUR SOCIAL SECURITY NUMBER (SSN) WILL NOT BE USED AS YOUR PRIMARY STUDENT IDENTIFICATION NUMBER AND WILL BE KEPT CONFIDENTIAL. PROVIDING AN SSN WILL ENSURE THAT YOUR EDUCATIONAL RECORDS ARE COMPLETE AND CORRECT AND WILL ALLOW THE FULLEST SERVICES. STUDENTS SHOULD BE AWARE THAT A CORRECT SSN MUST BE ON FILE FOR REPORTING INFORMATION PERTAINING TO POTENTIAL TAX CREDITS AND MUST BE USED BY APPLICANTS FOR FEDERAL AID, STATE AID, AND VETERANS ADMINISTRATION BENEFITS.

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE # _____

FOR OFFICE USE ONLY

ENTERED BY: _____ ESTIMATED START DATE: _____ STUDENT ID#

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NOTES:

PROGRAMS

3D ANIMATION
 BROADCASTING/AUDIO PRODUCTION & MEDIA MARKETING (BAMM)
 MULTIMEDIA TECHNOLOGY
 VIDEO PRODUCTION
 AUTOMOTIVE TECHNOLOGY
 AVIATION SPECTRUM
 COLLISION REPAIR
 HEATING, VENTILATION & AIR CONDITIONING (HVAC)
 COMPUTER SERV TECHNOLOGIES /NETWORKING
 ROBOTICS TECHNOLOGY

DENTAL ASSISTANT
 EMERGENCY MEDICAL TECH. (EMT)
 MEDICAL ASSISTANT
 STERILE PROCESSING SERVICE (SPS)
 PHARMACY TECHNICIAN
 MASSAGE THERAPY
 SURGICAL TECHNOLOGY
 PHYSICAL THERAPY TECHNICIAN
 VETERINARY ASSISTANT (EAST CAMPUS)
 NURSING ASSISTANT (CNA)
 PRACTICAL NURSING (PN)
 COSMETOLOGY
 AESTHETICS

COMMERCIAL BAKING AND PASTRY ARTS
 CULINARY ARTS
 EARLY CHILDHOOD EDUCATION
 EDUCATION PROFESSIONS
 DESIGN, MERCHANDISING & TEXTILES
 CONSTRUCTION TECHNOLOGIES
 PRECISION MANUFACTURING TECH.
 WELDING
 LAW ENFORCEMENT

SPECIAL INTEREST PROGRAMS