



Kankakee Area Career Center

Adult Cosmetology Student Information Form

4083 N 1000 W Rd., PO Box 570
Bourbonnais, IL 60914
Phone 815/939-4971
Fax 815/939-7598
www.kacc-il.org

PERSONAL INFORMATION:

Name: _____ Social Security #: _____
Last First Middle

Address: _____
Street City State Zip

Physical Address (if different): _____

Telephone: (Home) _____ (Cell) _____

Email Address: _____

Highest Level of Education Completed: _____ GED
_____ High School Diploma
_____ Some College
_____ College Degree _____ (specify)

Male _____ Female _____ Date of Birth ____ / ____ / ____ Height ____ Eye Color ____

Race _____ A Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
_____ B Black or African American (Not Hispanic or Latino)
_____ H Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
_____ I American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
_____ U Of undeterminable race. Of Untold mixture.
_____ W Caucasian (not Hispanic or Latino)

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? Yes ___ No ___
If Yes, please provide details: _____

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? Yes ___ No ___

If "Yes," give full details of each offense and the state in which convicted. _____

I hereby authorize the Kankakee Area Career Center (KACC) to request a criminal history records check and I further authorize the Illinois State Police (ISP) to release information relative to the existence or nonexistence of any criminal record which it might have concerning me to the requestor solely to determine my suitability to attend KACC's Adult Cosmetology Program within high school setting. I further authorize any agency that maintains records relating to me, including but not limited to the Federal Bureau of Investigation or a local unit of government, to provide same on request to the ISP or the Department. I certify that the ISP and any agency, including the Department, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that KACC shall not be liable for the failure to accept or to retain an applicant or student who has been convicted of committing or attempting to commit one or more of offenses disqualifying the student to be within a high school setting. I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from KACC School of Cosmetology or, if discovered after school begins, could result in expulsion.

I understand that the information requested above regarding sex, race, height, eye color, and date of birth is for the sole purpose of identification and the gathering of the above-mentioned information about me accurately, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

Student Statement:

I certify that all information I have provided in order to be accepted to the Kankakee Area Career Center (KACC) Adult Cosmetology Program, is true, complete and correct.

I expressly authorize, without reservation, the KACC, its representatives, employees or agents to contact and obtain information from all public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the KACC, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the student acceptance process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this KACC does not unlawfully discriminate in accepting students or employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not begun classes in the KACC School of Cosmetology and still wish to be considered a student, it will be necessary for me to reapply and fill out a new application.

If I am accepted, I understand that I am free to withdraw at any time, with or without cause and with or without prior notice, and the KACC reserves the same right to expel me at any time, with cause, with or without prior notice, except as may be required by law. If I am accepted, I agree to follow all the rules established in the student handbook and within the Cosmetology Student Agreement.

KACC does not tolerate unlawful discrimination. No question on this form is used for the purpose of excluding a student from consideration on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. KACC likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. KACC takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration as a student, or (ii) may result in my immediate expulsion, whenever it is discovered.

I understand the \$6 per hour tuition and payment schedule outlined in my Student Contract must be paid in full prior to being approved to take the IL State Licensing Test.

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DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept the above Student Statement.

Applicant Signature

Date

Kankakee Area Career Center offers career and technical education opportunities without regard to age, color, race, national origin, sex, religion or handicap. Additional information regarding this policy can be obtained by contacting the Center.

