

**Jamileh Kamran School of Fashion Design  
ENROLLMENT APPLICATION**



**JAMILEH KAMRAN**  
DESIGNER . COUTURIÈRE

3625 Kavanaugh Blvd. • Little Rock, AR 72205

(501) 663-3242 • Fax (501) 663-2553

**PERSONAL INFORMATION**

**DATE** \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. Last 4 Digits Only _____	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NO. (      )	REFERRED BY		
DESIRED COURSE	<input type="checkbox"/> Basic Design 32 Clock Hours	<input type="checkbox"/> Intermediate Design 32 Clock Hours	<input type="checkbox"/> Advance Design 32 Clock Hours

NAME (LAST NAME FIRST)	YEARS ATTENDED	YEARS ATTENDED	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

1. Have you had any training in fashion design  YES  NO  
If yes, Where and How long? \_\_\_\_\_

2. Have you worked with Industrial Sewing Machines?  YES  NO

3. Do you have home sewing machine?  YES  NO

# PERSONAL INTEREST

Please indicate in the space below, why you would like to attend  
Jamileh Kamran School of Fashion Design.

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**Program Cost:** \_\_\_\_\_ **Registration Fee**  
\_\_\_\_\_ **Tuition**  
\_\_\_\_\_ **Supplies**  
\_\_\_\_\_ **Total**

**AUTHORIZATION:** "I certify that the facts contained on this  
application are true and complete to the best of my knowledge."

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of School Official**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**