

Enrollment Application

The Salon Professional Academy 5335 S. Scatterfield Road, Anderson IN 46013

Phone: 765-649-5555

Web site: www.andersonsalonacademy.com Email: nikki.tspa@gmail.com

HOW TO APPLY –

1. Complete this application form and return it.
2. Contact us to schedule an admissions interview, meet with staff and students, and learn about our curriculum, textbooks, kits, apparel code and items needed for enrollment.

GENERAL INFORMATION Please print.

Course of study: ___Cosmetology ___Esthetics ___Nail Tech ___Instructor

Name _____
First Middle Last

Address _____
Number & Street City State Zip

Telephone Number (____) _____ Cell Phone Number (____) _____

Email address _____

Date of Birth _____ Social Security Number _____

In case of emergency notify:

name address phone

Parent Contact #1:

name address phone

Spouse Contact or Parent Contact #2:

name address phone

Personal Reference (not employer or relative):

name address phone

EDUCATION: The Academy requires high school graduation or a G.E.D.

High School _____ City, State _____

Year Graduated _____ Grade Average _____

List all training/college attended since high school. Add additional pages as needed.

School _____ City, State _____ Major/Course _____

Graduation Date _____ Grade Average _____ Honors _____

EMPLOYMENT HISTORY Add additional pages as needed.

Employer _____ Address _____ Phone _____

Position _____ Start Date _____ End Date _____ Salary _____

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Position _____ Start Date _____ End Date _____ Salary _____

QUESTIONS

How did you hear about The Academy? _____

Why do you want to enter this career? _____

Select your starting date:

Cosmetology: Month/Year _____

Esthetics: Month/Year _____

Nail Tech: Month/Year _____

Have you ever been convicted of a felony? _____

Citizen? ___U.S. ___Other Veteran? ___Yes ___No Allergies? (list) _____

Do you need assistance with any of the following while you attend school? Check all that apply.

___transportation ___part-time work ___housing

Do you have any health issues that could impact your training? (explain)

I certify that all statements made in this application are complete and true.

Signature _____ Date _____