Effective May 1, 2022, there will be a $150 application fee to process your application.

**BARBER CROSS-OVER COURSE ADMISSIONS CHECKLIST**

**STUDENT NAME ________________________________**

**PHN NUMBER __________________________________**

**COURSE INTERESTED IN BARBER CROSS-OVER CLASS START DATE: __________**

To begin the admission process, please follow instructions carefully and complete items #1 and #2 below.

1. **Please complete and collect the following items:**
   - Filled out application
   - Copy - social security card
   - Copy – driver’s license or birth certificate
   - Your proof of training or Cosmetology license
   - Certificate of Completion from Milady’s Infection Control ([https://www.miladytraining.com/courses/infection-control](https://www.miladytraining.com/courses/infection-control))
   - Application Fee $150 (Effective May 1, 2022)

2. **AFTER you have completed and collected all items in #1:**
   - Submit your application and applicable paperwork to the school via drop off, mail, email, or fax.
   - Once submitted, we will call you to set up an interview. If all items above are not submitted, we will NOT process your application.

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**To be completed by school administration:**

- PLACEMENT TEST PASSED
- EMERGENCY MEDICAL FORM – Complete
- Contract - signed

- Interview____________________________________
- Tour complete_______________________________
- Performance Fact Sheet signed___________

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**TOTAL PROGRAM COST**

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<th>NOTES:</th>
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<td><strong>ESTIMATE ONLY:</strong></td>
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<td>PELL GRANT</td>
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<td>VETERAN BENEFITS</td>
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<td>BUREAU OF INDIAN AFFAIRS</td>
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<td>(Smart Resource Cntr. Scholarships, etc.) OTHER</td>
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678 North Market Street, Redding, CA 96003
Phone (530) 243-7990 Fax (530) 243-0632
Contact@hambeltonbeauty.com
PERSONAL AND CONFIDENTIAL INFORMATION

To be completed by the prospective student

This is a confidential questionnaire and represents no obligation on your part or ours. Your answers to the following questions will assist us in determining your aptitude for the specified training.

PERSONAL INFORMATION (PLEASE PRINT)

Course applying for: BARBER CROSS-OVER

Last Name____________________________ First Name____________________________ MI____
Maiden Name____________________________ Spouse’s First____________________________ MI____
Social Security#____________________________ Date of Birth____________________________ Age____
Home Address____________________________ City____________________________ ST____ Zip____
Mailing Address____________________________ City____________________________ ST____ Zip____
Citizen? □ Yes □ No Nationality____________________________ □ Male □ Female Marital Status____ Dependants____
Cell Phone____________________________ Cell Phone Carrier________________ Home Phone________________
Driver’s License Number____________________________ State of Driver’s License____
May we contact you by Email? □ Yes □ No Email Address____________________________

Will you be living with your parent(s) while in attendance at Shasta School of Cosmetology? □ Yes □ No
Are you a veteran? □ Yes □ No

Parents’/Guardians’ Name____________________________
Address____________________________ City____________________________ ST____ Zip____
Telephone Number____________________________
Parents Employer’s Name____________________________
Employer’s Address____________________________ City____________________________ ST____ Zip____
Employer’s Telephone____________________________

Brothers and Sisters over 18 not living at home (List married name of sisters):
Name____________________________ Phone#
Name____________________________ Phone#

Personal References:
Name____________________________ Phone#
Name____________________________ Phone#

EDUCATION

1. Do you have a High School Diploma, GED or equivalent? □ Yes □ No
2. Do you have prior hours earned at a cosmetology school, esthetician school, manicuring school or instructor trainee school? □ Yes □ No
1. Have you EVER attended college? □ Yes □ No Do you have a college degree? □ Yes □ No If yes, what type of degree do you have (associates, bachelors, masters, doctorate)? ____________________
List below the colleges attended:

Name of college____________________________ Dates attended____________________________
Name of college____________________________ Dates attended____________________________

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Phone (530) 243-7990 Fax (530) 243-0632
Contact@hambeltonbeauty.com
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, FELONY, OR MISDEMEANOR (OR ENTERED A PLEA OF ‘NOLO CONTENDERE’) OTHER THAN A MINOR TRAFFIC VIOLATION? □ YES □ NO

If YES, please list each conviction below as follows: (a) actual crime for which convicted, (b) date of conviction, (c) city/county in which convicted, and (d) sentence received

I UNDERSTAND THAT I MUST SUPPLY SHASTA SCHOOL OF COSMETOLOGY A COPY OF ONE OF THE FOLLOWING PRIOR TO STARTING CLASS: HIGH SCHOOL DIPLOMA OR GED (OR EQUIVALENT). HIGH SCHOOL STUDENTS MUST SUPPLY PROOF OF HIGH SCHOOL ENROLLMENT PRIOR TO STARTING CLASS. (Please Note: Foreign high school diplomas must be translated into English, evaluated and verified (Notary is not acceptable) that it is the equivalent of a United States High School Diploma.) Please see school admin office for acceptable verification companies.

SIGNATURE_______________________________________DATE_______________________

PRE-ENROLLMENT ACKNOWLEDGEMENTS

1. Receipt of School Catalog Acknowledgment:
It is the policy of Shasta School of Cosmetology that every potential and attending student receives our school catalog— in print or electronically—that contains curriculum information and school policies and procedures. NOTE: The most current school catalog is posted on the school website and available to anyone.

I understand and acknowledge that a copy of Shasta School of Cosmetology’s school catalog— in print or electronically— has been made available to me.

Signature_______________________________________Date_______________________

2. Crime Statistics Report Acknowledgment:
Please Initial: _______ Shasta School of Cosmetology has made available our current Crime Statistic Report upon request.

3. Retention of Records Acknowledgment:
Please Initial: _______ Any records for potential students who decide not to attend will be retained for period of 1 year. After that, records will be destroyed.

4. Class Cancellation Acknowledgment:
Please Initial: _______ I understand that if there are not at least two people to start a scheduled class, Shasta School of Cosmetology reserves the right to cancel the class.

Please tell us how you heard about Shasta School of Cosmetology?
□ Word of mouth/friend □ Television □ Internet □ Advertisement

□ Other – please explain ________________________________
Financial Aid Form

Student Name__________________________________________ SSN________________________

Address________________________________________ City__________ ST_______ ZIP______

Phn#: __________________ Date enrolled____________________

High School Graduate? □ Yes □ No Date of high school graduation:____________

Name of High School________________________________________ Address________________________

College Grad?____ Transfer Student?____ Attended when?____________________________

Have you ever attended college? □ Yes □ No List below the colleges attended.

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Will you be living with a parent while attending here? □ Yes □ No If yes, please give name, address and telephone number of parent(s).

CERTIFICATIONS

I am requesting financial assistance for training. I have completed the FAFSA form as part of this application. By initialing here, I am giving permission for the school to use any proceeds from Title IV awards for any expenses incurred by me while in attendance which includes training, kits, books and fees. I wish to be considered for:

___Any eligible grant program

I will use all Title IV proceeds only for expenses related to study at this school. All information submitted by me or on my behalf on this form or on the FAFSA application is true and correct and no representative, employee or consultant of the school influence me in terms of the content therein and that no other person as mentioned above is to be held responsible for this information. I understand the penalties listed on the FAFSA for purposely providing false information. I do not owe a refund on any Title IV program and am not in default on any Federal Student loan at any school.

____I have had no drug convictions while receiving past financial aid.

____________________  ____________________
Student Date
EMERGENCY MEDICAL INFORMATION

In the case that__________________________________________________ becomes ill or is injured, medical treatment by qualified individuals is authorized.

EMERGENCY CONTACTS:

Contact Person #1: ________________________________(Please Print) Phone:______________________

Contact Person #2: ________________________________(Please Print) Phone:______________________

Family Doctor: ________________________________ Phone:______________________

Do you have any physical condition which may limit your ability to perform the training applied for?

□ Yes □ No If yes, please explain:___________________________________________________________

Indicate special medical problems or drug allergies: _______________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Date of last tetanus shot: _____________________________________________________________

Hospital Preferred: ____________________________ Phone: ____________________________

Medial Insurance Company: ______________________________________________________________

Insurance Group Number: ________________________________________________________________

______________________________________________ (Student Signature) (Date)

______________________________________________ (Parent/Guardian Signature, if applicable) (Date)