

The Salon Professional Academy North Little Rock  
North Little Rock, AR 72116  
www.tspalittlerock.com

## ENROLLMENT APPLICATION

501-753-2400 Admissions  
877-753-2414 Toll Free

### HOW TO APPLY

1. Complete this application by typing directly on this form. Click on the first line below to begin typing, then simply tab to the next information field to complete.
2. When finished click submit to email this application to the Academy. Please print or save a copy for your records.
3. Have your high school and post-high school transcripts sent to the Academy address above.
4. Contact us to schedule a tour, meet with staff and students, and learn about our curriculum, textbooks, kits & apparel code.
5. Once approved for admissions and upon signing Enrollment Agreement, enrollment fee is due.

### GENERAL INFORMATION Please print a copy for your records

Course of study:  Cosmetology  Esthetics  Nail Tech

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Include area code

Citizenship? \_\_\_\_\_ Health \_\_\_\_\_ Allergies? \_\_\_\_\_

### In case of emergency notify

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

#### Parent Contact #1

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

#### Parent Contact #2

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Personal Reference (not employer or relative)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**EDUCATION**

The Academy requires a high school diploma or 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 \_\_\_\_\_

Graduation Date \_\_\_\_\_ Grade Average \_\_\_\_\_ Honors \_\_\_\_\_

**EMPLOYMENT HISTORY** Add additional pages as needed.

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Salary \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Salary \_\_\_\_\_

**QUESTIONS**

How did you hear about The Academy? \_\_\_\_\_

Why do you want to enter this career? \_\_\_\_\_

When would you like to start?

Cosmetology Month \_\_\_\_\_ Year \_\_\_\_\_

Esthetics Month \_\_\_\_\_ Year \_\_\_\_\_

Nail Tech Month \_\_\_\_\_ Year \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Do you need any of the following while you attend school? (check all that apply)

- Financial Aid     Transportation     Part-time work     Housing

Do you wish to be employed right after graduation?

- Fulltime     Part-time    Expected Salary? \_\_\_\_\_

**I certify that all statements made in this application are complete and true. Click to submit to the Academy Admissions Department. Thank you!**

For Internal Use:

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_