

The Salon Professional Academy St. Charles
St. Andrews Plaza
3141 West Clay
St. Charles, MO 63301
www.tspastcharles.com

ENROLLMENT APPLICATION

636.541.9757 Admissions

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 to be completed at the Academy:

Signature _____ Date _____ Social Security Number _____