

# THE SALON PROFESSIONAL ACADEMY ENROLLMENT APPLICATION

## INSERT #5

415 D Orchard Ave.

Altoona, PA 16601

website: [www.tspaAltoona.com](http://www.tspaAltoona.com)

phone: 814-944-4494

email: [admissions@tspaAltoona.com](mailto:admissions@tspaAltoona.com)

**ALL COURSES ARE TAUGHT IN ENGLISH.**

## HOW TO APPLY

1. Complete this application and return it to The Academy Admissions office via email, mail, or in person.
2. Have your high school and post-high school transcripts sent to The Academy address above.
3. Contact us to schedule an admissions interview meeting. During the meeting information concerning curriculum books and kit, apparel code, and available Title IV Aid / payment plans will be shared.

## GENERAL INFORMATION Please print.

Course of study:  Cosmetology  Teacher  Manicuring  MUD  Specialty Cutting  
 Specialty Coloring  Business Development

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

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

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Citizenship \_\_\_ U.S. \_\_\_ Other Veteran? \_\_\_ Yes \_\_\_ No Birth Date \_\_\_\_\_ Current Age \_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Would you like to list any health conditions and/or allergies? \_\_\_\_\_

### Person to Notify in Case of Emergency:

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

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

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### Parent Contact Information:

Name \_\_\_\_\_

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

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### Parent Contact Information:

Name \_\_\_\_\_

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

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### Contact for Personal Reference:

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

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

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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## 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 \_\_\_\_\_

Major \_\_\_\_\_ Year Graduated \_\_\_\_\_ Grade Average \_\_\_\_\_ Honors \_\_\_\_\_

## MOST RECENT EMPLOYMENT HISTORY Add additional pages as needed.

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

## QUESTIONS

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

When did you first become interested in this career? \_\_\_\_\_

When would you like to start?

Cosmetology: Month \_\_\_\_\_ Year \_\_\_\_\_ Specialty Cutting: Month \_\_\_\_\_ Year \_\_\_\_\_

Teacher: Month \_\_\_\_\_ Year \_\_\_\_\_ Specialty Coloring: Month \_\_\_\_\_ Year \_\_\_\_\_

Manicuring: Month \_\_\_\_\_ Year \_\_\_\_\_ Business Development: Month \_\_\_\_\_ Year \_\_\_\_\_

MUD: Month \_\_\_\_\_ Year \_\_\_\_\_

Do you wish to be employed right after graduation?  Full-time  Part-time

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

May we text message you in the event of an emergency situation? \_\_\_\_ Yes \_\_\_\_ No

(I understand I have the ability to opt out of any text messaging by notifying the admissions office of my request.)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_