

The Salon Professional Academy Elgin, IL
1029 N Randall Rd
Elgin, IL 60123
elgin.mysalonacademy.com
Admissions 847.376.0740 ex2

ENROLLMENT APPLICATION

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

Full Name _____

Address _____ City _____

State ____ Zip _____

Cell Phone (Include area code) _____

Home Phone (Include area code) _____

Email _____

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 _____

Employer _____ Address _____

Phone _____ Position _____

Start Date _____ End Date _____ Salary _____

QUESTIONS

How did you hear about The Salon Professional 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? Yes No

Full-time or 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_____