Shasta School of Cosmetology

HIGH SCHOOL ROP - COSMETOLOGY or BARBERING ADMISSIONS CHECKLIST AND APPLICATION

TO APPLY - HIGH SCHOOLERS MUST BE <u>GOING INTO</u> THEIR SENIOR YEAR OF HIGH SCHOOL AND MUST BE ENROLLED IN AN ROP-APPROVED HIGH SCHOOL.

Please note: <u>Must be willing to participate in independent study through your ROP-approved school</u>. The schedule for the program this year is Tuesday through Friday 8:30a – 2:30p.

STUDENT NAME_____

CLASS INTERESTED IN:
COSMETOLOGY
BARBERING

CLASS START DATE: June 18, 2024.

PHONE NUMBER_____

HIGH SCHOOL YOU ARE CURRENTLY ATTENDING

Please pay close attention to the following instructions:

- On or after MARCH 1ST Print & fill out this high school application. <u>Application Deadline is April 30th</u>, <u>2024.</u>
- 2. Submit the following (either through email or in person) to John Zeis (jzeis.ssc@gmail.com)
 - □ FILLED OUT APPLICATION (attached)
 - □ CC: SOCIAL SECURITY CARD
 - □ CC: DRIVERS LICENSE OR BIRTH CERTIFICATE
 - A LETTER (on your high school letterhead) FROM YOUR SCHOOL COUNSELOR STATING THAT YOU
 ARE: (1) ATTENDING <u>THAT</u> SCHOOL, (2) ARE IN GOOD STANDING, AND (3) ELIGIBLE TO
 PARTICIPATE IN THE HIGH SCHOOL COSMETOLOGY OR BARBERING PROGRAM.
 - □ HIGH SCHOOL TRANSCRIPTS
 - □ HIGH SCHOOL ATTENDANCE RECORDS
 - □ Certificate of Completion from Milady's Infection Control **Use Promo Code:** Shasta-Rise281 (<u>https://www.miladytraining.com/courses/infection-control</u>)

 Certificate of Completion for Sexual Harassment Prevention Training (<u>https://www.dfeh.ca.gov/shpt/</u>)

- 3. After you submit your application, we will send you the placement test via email.
- 4. We will contact you for a <u>mandatory</u> meeting with you and your parent/or guardian to go over the details of the ROP Cosmetology/Barbering program and answer any questions you may have.
- 5. Once chosen for the program, you must schedule and complete a 2-hr minimum job shadow session at Shasta School of Cosmetology prior to May 31, 2024.

Revised 03-22-2024

Shasta School of Cosmetology

PERSONAL AND CONFIDENTIAL INFORMATION

To be completed by the prospective student Date: 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. Date:

| Maiden Name | | First Name | | MI | |
|---|--------------------------|-----------------------------|---------------|-----|------------|
| | | | | | |
| Social Security# | | Date of Birth | | | Age |
| Home Address | | | | | |
| Mailing Address | | | | | |
| Citizen? Yes No Nationality | | | | | |
| Cell Phone | Cell Phone Carrier | Home Pho | ne | | |
| Driver's License Number | | | | | |
| REQUIRED: Email Address_ | | | | | |
| Will you be living with your pare | ent(s) while in attendan | ce at Shasta School of Cosm | etology? □Yes | □No | 1 |
| Parents'/Guardians' Name | | | | | |
| Address | | City | State | Z | <u>′ip</u> |
| | | | | | |
| | P | arent's Email | | | |
| Telephone Number | | | | | |
| Telephone Number Parents Employer's Name Employer's Address | | | | | |

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 ______

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. <u>NOTE:</u> The most current school catalog is posted on the school website and available to anyone at shastaschoolofcosmetology.com.

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_____Date_____

2. Crime Statistics Report Acknowledgment:

Please Initial: ______ I understand that the Crime Statistic Report for Shasta School of Cosmetology has been made available to me electronically and/or a paper copy at shastaschoolofcosmetology.com.

3. Retention of Records Acknowledgment:

Please Initial: ______ Any records for potential students who decide not to attend 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

High School Transfer Acknowledgment

Please initial: I understand that if I have transferred <u>out</u> of the Shasta Union High School District <u>into a school</u> <u>approved through ROP</u> for the purpose of getting into the ROP Cosmetology program that there is no guarantee I will be approved for admissions into the Cosmetology or Barbering program at Shasta School of Cosmetology.

Revised Feb 16, 2024

Shasta School of Cosmetology

EMERGENCY MEDICAL INFORMATION

| In the case that | becomes ill or is injured, medical |
|--|------------------------------------|
| EMERGENCY CONTACTS: | |
| Contact Person #1:(Please Print) | Phone: |
| Contact Person #2:(Please Print) | Phone: |
| Family Doctor: | Phone: |
| | s: |
| | Phone: |
| Medial Insurance Company: | |
| Insurance Group Number: | |
| (Student Signature) | (Date) |
| (Parent/Guardian Signature, if applicable) | (Date) |