



APPLICATION & ADMISSIONS CHECKLIST

Student Name _____ Phone Number _____

Course Interested In ☐ Cosmetology ☐ Barbering ☐ Esthetician ☐ Manicuring

To begin the admission process, please complete all of the steps below:

1. Please complete or gather the following items:

- ☐ Fill out application
- ☐ Copy of your social security card - must be signed
- ☐ Copy of your driver's license or birth certificate
- ☐ Copy of your high school diploma / transcripts / GED (**Foreign high school diplomas must be translated into English, evaluated and verified that it is equivalent to a United States High School Diploma – Notary is not acceptable. Please contact Shasta School of Cosmetology for acceptable verification companies.**)
- ☐ Certificate of Completion from Milady's Infection Control - **Use Promo Code:** shasta-rise281 (<https://www.miladytraining.com/courses/infection-control>)
- ☐ Certificate of Completion for Sexual Harassment Prevention Training (<https://www.dfeh.ca.gov/shpt/>)
- ☐ Complete Free Application for Federal Student Aid (FAFSA) **and submit confirmation page(s)** from completed FAFSA (<https://studentaid.gov/h/apply-for-aid/fafsa>) PLEASE NOTE: Not applicable for Manicuring Course.
- ☐ If you are using Veterans Benefits, submit **ALL** college transcripts (**MANDATORY**)
- ☐ Proof of training (only applicable if you have earned prior hours from a past cosmetology/beauty school)
- ☐ Application Fee of \$100 (non-refundable) paid at interview.

2. AFTER you have completed and collected all of the items above:

Email and attach the application and the above-listed documents to the Administrative Assistant at izeis.ssc@gmail.com . In the subject line put 'Prospect' and the class you are interested in. Once your application and required documents have been reviewed for completeness, you will be notified via email of an interview appointment with the School Director and a tour of the school.

To be completed by school administration:

- | | |
|--------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Emergency Medical Form - Complete | <input type="checkbox"/> Interview scheduled _____ |
| <input type="checkbox"/> Placement Test - Sent | <input type="checkbox"/> Interview/Tour Complete |
| <input type="checkbox"/> Placement Test - Passed | <input type="checkbox"/> Performance Fact Sheet Signed |
| <input type="checkbox"/> Contract - Signed | <input type="checkbox"/> Contract Appt |
| <input type="checkbox"/> If VA - Financial Aid Shopping Sheet - Received | |
| <input type="checkbox"/> If VA - Student Bill of Rights Form - Received | |

Date _____

Personal and Confidential Information

To be completed by the prospective student.

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.

Course applying for: ☐ Cosmetology ☐ Barbering ☐ Esthetician ☐ Manicuring

Personal Information:

Last Name _____ First Name _____ MI _____

Maiden Name _____ Spouse's First Name _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address **(REQUIRED)** _____

Cell Phone Number _____ Cell Phone Carrier **(REQUIRED)** _____

Date of Birth _____ Age _____ Citizen? ☐ Yes ☐ No

Race _____ Sex: ☐ Male ☐ Female ☐ Prefer Not to Say

Marital Status: ☐ Single ☐ Married Number of Dependents _____

Are you a veteran? ☐ Yes ☐ No

Will you be living with your parent(s) while attending Shasta School of Cosmetology? ☐ Yes ☐ No

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Parent Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

Employer Phone Number _____

Education:

Do you have a High School Diploma, GED, or equivalent? **(REQUIRED)** ☐ Yes ☐ No

Do you have prior hours earned at a cosmetology school, esthetician school, manicuring school or barber school? ☐ Yes ☐ No

If yes, be sure to submit your proof of training if you have earned hours from a prior school)

Have you EVER attended college? ☐ Yes ☐ No

Do you have a college degree? ☐ Yes ☐ No

If yes, what type of degree do you have? ie: Associate, Bachelors, Masters or Doctorate?

Please list the colleges you have attended:

Name of College _____ Dates Attended _____

Name of College _____ Dates Attended _____

Have you ever been convicted of a criminal offense, (or entered a plea of 'nolo contendere/no contest') other than a minor traffic violation? ☐ Yes ☐ No

If **yes**, please list each conviction below as follows: (1) Actual crime for which convicted, (2) Date of conviction, (3) city/county in which convicted, and (4) sentence received

I understand that I must supply Shasta School of Cosmetology a copy of one of the following prior to starting class: High School Diploma or GED (or Equivalent). High School students must supply proof of High School enrollment prior to starting class. (Please note: Foreign high school diplomas must be translated into English, evaluated and verified that it is the equivalent of a United States High School Diploma. *Notary is not acceptable.*) Please contact Shasta School of Cosmetology for acceptable verification companies.

Signature _____ Date _____

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, which contains curriculum information and school policies and procedures.

Note: The most current school catalog is posted on the school website and available to anyone.

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 _____

2. Crime Statistics Report Acknowledgement:

Please Initial _____

Shasta School of Cosmetology has made our current Crime Statistic Report available upon request.

3. Class Cancellation Acknowledgement:

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

☐ If Other, Please Explain _____

Emergency Medical Information

In the case that _____ becomes ill or injured, medical treatment by qualified individuals is authorized.

Emergency Contacts: *Please Print*

Contact Person #1 _____ Phone Number _____

Contact Person #2 _____ Phone Number _____

Family Doctor _____ Phone Number _____

Do you have any physical condition which may limit your ability to perform the training applied for?

☐ Yes ☐ No

If yes, please explain:

Please indicate special medical problems or drug allergies:

Date of last tetanus shot _____

Hospital Preferred _____ Phone Number _____

Medical Insurance Company _____ Insurance Group Number _____

Student Signature _____ Date _____

Parent/Guardian Signature, if applicable _____ Date _____

Course Fact Sheets

Below you will find links to all the course fact sheets.

Or you can visit ShastaSchoolofCosmetology.com/fact-sheets

Cosmetology Fact Sheet

Barbering Fact Sheet

Esthetician Fact Sheet

Manicuring Fact Sheet

Barber Crossover Fact Sheet