

Shasta School of Cosmetology

HIGH SCHOOL COSMETOLOGY or BARBERING ADMISSIONS CHECKLIST AND APPLICATION

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

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

STUDENT NAME _____

CLASS INTERESTED IN: COSMETOLOGY BARBERING

CLASS START DATE: **June 15, 2021** PHONE NUMBER _____

HIGH SCHOOL YOU ARE CURRENTLY ATTENDING _____

Please pay close attention to the following instructions:

1. **On or after APRIL 1ST** – Print & fill out this high school application. Submit your application to Shasta School of Cosmetology administration office by Friday, April 30, 2020. We are located at:

678 N Market Street, Redding, CA 96003

2. **Submit to Shasta School of Cosmetology the following:**

- 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 THAT 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

3. **After you submit your application, we will contact you for a mandatory meeting with you and your parent/or guardian and placement test (date to be announced).** Parents/guardians do not have to stay for the placement test.

Revised 03-25-2021

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.

PERSONAL INFORMATION

(PLEASE PRINT)

Course applying for: **ROP Cosmetology** **ROP Barbering**

Last Name _____ First Name _____ MI _____

Maiden Name _____ Spouse's First _____ MI _____

Social Security# _____ Date of Birth _____ Age _____

Home Address _____ City _____ ST _____ Zip _____

Mailing Address _____ City _____ ST _____ Zip _____

Citizen? Yes No Nationality _____ Male Female Marital Status _____ Dependents _____

Cell Phone _____ Cell Phone Carrier _____ Home Phone _____

Driver's License Number _____ State of Driver's License _____

May we contact you by Email? Yes No Email Address _____

Will you be living with your parent(s) while in attendance at Shasta School of Cosmetology? Yes No

Are you a veteran? **N/A**

Parents'/Guardians' Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Parent's Email _____

Parents Employer's Name _____

Employer's Address _____ City _____ State _____ Zip _____

Employer's Telephone _____

Brothers and Sisters over 18 not living at home (List married name of sisters):

Name _____ Phone# _____

Name _____ Phone# _____

Personal References:

Name _____ Phone# _____

Name _____ Phone# _____

EDUCATION

1. Do you have a High Diploma, GED or equivalent? **N/A**
2. Do you have prior hours earned at a cosmetology school, esthetician school, manicuring school or instructor trainee school? **N/A**
1. Have you EVER attended college? **N/A** Do you have a college degree? **N/A** If yes, what type of degree do you have (associates, bachelors, masters, doctorate)? **N/A**
List below the colleges attended: **N/A**

Name of college _____ Dates attended _____

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HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, FELONY, OR MISDEMEANOR (OR ENTERED A PLEA OF 'NOLO CONTENDERE') OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

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 _____

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 (Notary is not acceptable) that it is the equivalent of a United States High School Diploma.)** Please see school admin office for acceptable verification companies.

SIGNATURE _____ **N/A FOR HIGH SCHOOL STUDENTS** _____ 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—that 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 Acknowledgment:

Please Initial: _____ Shasta School of Cosmetology has made available our current Crime Statistic Report upon request.

3. Retention of Records Acknowledgment:

Please Initial: _____ Any records for potential students who decide not to attend will be retained for period of 1 year. After that, records 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 **out** of the Shasta Union High School District **into a school approved through ROP** 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 March 16, 2021

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EMERGENCY MEDICAL INFORMATION

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

EMERGENCY CONTACTS:

Contact Person #1: _____ Phone: _____
(Please Print)

Contact Person #2: _____ Phone: _____
(Please Print)

Family Doctor: _____ Phone: _____

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

Yes No If yes, please explain: _____

Indicate special medical problems or drug allergies: _____

Date of last tetanus shot: _____

Hospital Preferred: _____ Phone: _____

Medial Insurance Company: _____

Insurance Group Number: _____

(Student Signature) (Date)

(Parent/Guardian Signature, if applicable) (Date)

Revised February 28, 2020