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)

<table>
<thead>
<tr>
<th>Course applying for: □ ROP Cosmetology  □ ROP Barbering</th>
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<tbody>
<tr>
<td>Last Name___________________________________________First Name_______________________________ MI___</td>
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<tr>
<td>Maiden Name________________________________________Spouse’s First_____________________________ MI____</td>
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<tr>
<td>Social Security#_______________________________________Date of Birth_____________________________Age ___</td>
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<tr>
<td>Home Address____________________________________     City__________ ST_____ Zip________</td>
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<tr>
<td>Mailing Address______________________________________City__________________ ST_____ Zip________</td>
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<tr>
<td>Citizen? □Yes □No Nationality _________________________ □Male □Female Marital Status____ Dependents____</td>
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<tr>
<td>Cell Phone___________________ Cell Phone Carrier________________Home Phone ____________________________</td>
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<tr>
<td>Driver’s License Number__________________________ State of Driver’s License____</td>
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<tr>
<td>May we contact you by Email? □ Yes □ No Email Address_____________________________________________</td>
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<tr>
<td>Will you be living with your parent(s) while in attendance at Shasta School of Cosmetology? □Yes □No</td>
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<tr>
<td>Are you a veteran? N/A</td>
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| 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
3. 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

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<th>Name of college</th>
<th>Dates attended</th>
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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

678 North Market Street, Redding, CA 96003
Phone (530) 243-7990
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: ___________________________

Medical Insurance Company: ____________________________________________________________

Insurance Group Number: ____________________________________________________________

________________________________________________________

(Student Signature) (Date)

________________________________________________________

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

Revised February 28, 2020