

Shasta School of Cosmetology

BARBER CROSS-OVER COURSE ADMISSIONS CHECKLIST

STUDENT NAME _____

PHN NUMBER _____

COURSE INTERESTED IN **BARBER CROSS-OVER** CLASS START DATE: _____

1. **Call and Make an Interview Appointment – (530) 243-7990**
2. **Bring the following items to your Interview appointment:**
 - FILLED OUT APPLICATION
 - COPY - SOCIAL SECURITY CARD - **SIGNED**
 - COPY - DRIVERS LICENSE **OR** BIRTH CERTIFICATE
 - PROOF OF TRAINING or COSMETOLOGY LICENSE

CLASS SCHEDULE

8:30a – 5:00p during the first two weeks of class are mandatory (Days to be determined)

Thereafter – it's a minimum of 8 hours per week. Attendance must remain somewhere between Tuesday through Saturday 8:30a – 5:00p. **Your choice.**

To be completed by school administration:

- PLACEMENT TEST PASSED
- EMERGENCY MEDICAL FORM – Complete
- Contract - signed

- Interview _____
- Tour complete _____
- Performance Fact Sheet signed _____
- Contract appt _____

TOTAL PROGRAM COST		NOTES:
<i>ESTIMATE ONLY:</i>		
PELL GRANT		
REHAB/EDD		
VETERAN BENEFITS		
BUREAU OF INDIAN AFFAIRS		
(Smart Resource Cntr. Scholarships, etc.) OTHER		
OUT OF POCKET		
OUT OF POCKET PMTS		

Entered into Smart System: _____
Date Initial

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: **BARBER CROSS-OVER**

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? Yes No

Parents'/Guardians' Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____

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? Yes No
2. Do you have prior hours earned at a cosmetology school, esthetician school, manicuring school or instructor trainee school? Yes No
3. Have you EVER attended college? Yes No Do you have a college degree? Yes No If yes, what type of degree do you have (associates, bachelors, masters, doctorate)? _____

List below the colleges attended:

Name of college _____ Dates attended _____

Name of college _____ Dates attended _____

Shasta School of Cosmetology

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 _____ 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 _____

Shasta School of Cosmetology

Financial Aid Form

Student Name _____ SSN _____

Address _____ City _____ ST _____ ZIP _____

Phn#: _____ Date enrolled _____

High School Graduate? Yes No Date of high school graduation: _____

Name of High School _____ Address _____

College Grad? _____ Transfer Student? _____ Attended when? _____

Have you ever attended college? Yes No List below the colleges attended.

Name of college _____ Dates attended _____

Name of college _____ Dates attended _____

Will you be living with a parent while attending here? Yes No If yes, please give name, address and telephone number of parent(s).

CERTIFICATIONS

I am requesting financial assistance for training. I have completed the FAFSA form as part of this application. By initialing here, I am giving permission for the school to use any proceeds from Title IV awards for any expenses incurred by me while in attendance which includes training, kits, books and fees. I wish to be considered for:

____ Any eligible grant program

I will use all Title IV proceeds only for expenses related to study at this school. All information submitted by me or on my behalf on this form or on the FAFSA application is true and correct and no representative, employee or consultant of the school influence me in terms of the content therein and that no other person as mentioned above is to be held responsible for this information. I understand the penalties listed on the FAFSA for purposely providing false information. I do not owe a refund on any Title IV program and am not in default on any Federal Student loan at any school.

____ I have had no drug convictions while receiving past financial aid.

Student

Date

Shasta School of Cosmetology

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)