

Shasta School of Cosmetology

PLEASE NOTE: Interested students must be a current junior going into their senior year of high school AND currently enrolled in an ROP-approved school.

ROP COSMETOLOGY ADMISSIONS CHECKLIST AND APPLICATION

STUDENT NAME _____

CLASS INTERESTED IN ROP-COSMETOLOGY

CLASS START DATE JUNE 19, 2018 PHONE NUMBER _____

HIGH SCHOOL YOU ARE CURRENTLY ATTENDING _____

- 1. On or after APRIL 2ST –Fill out this High School ROP Application (It is also available on our website to print and fill out.) Deadline to turn in your package to Shasta School of Cosmetology Administration Office is Monday, April 30, 2018.**
- 2. Bring to Shasta School of Cosmetology the following:**
 - FILLED OUT APPLICATION (attached)
 - 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 ROP COSMETOLOGY PROGRAM.**
 - HIGH SCHOOL TRANSCRIPTS
 - HIGH SCHOOL ATTENDANCE RECORDS
 - CC: SOCIAL SECURITY CARD (original only)
 - CC: DRIVERS LICENSE OR BIRTH CERTIFICATE (original only)

Office hours are Tuesday – Friday 8:30a – 4:30p

- 3. When you drop off your application information, we will then assign you a Saturday (to be announced) for a mandatory interview/information session and placement test. It is also **MANDATORY** that the parent/legal guardian of the student accompany them to the interview/information session. Parents/guardians do not have to stay for the placement test.**

Shasta School of Cosmetology

To be completed by the 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.

(PLEASE PRINT)

Course applying for: **Cosmetology - ROP**

Last Name _____ First Name _____ MI _____
Maiden Name _____ Spouse's First _____ MI _____
Social Security# _____ Date of Birth _____
Entry Date _____ Age _____
Home Address _____ City _____ ST _____ Zip _____
Mailing Address _____ City _____ ST _____ Zip _____
Cell Phone _____ Citizen? Yes No Nationality _____
Home Phone _____ Male Female Marital Status _____ Dependents _____
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
Highest Grade Completed: _____

Have you ever attended College? N/A FOR HIGH SCHOOL STUDENTS Yes No If yes, did you earn a Degree? Yes
 No If yes, what type of degree did you earn? _____

ARE YOU NOW OR HAVE YOU EVER ATTENDED: N/A FOR HIGH SCHOOL STUDENTS

- COSMETOLOGY SCHOOL? ESTHETICIAN SCHOOL?
 MANICURING SCHOOL? INSTRUCTOR TRAINEE SCHOOL?

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# _____

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 _____

Shasta School of Cosmetology

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 program at Shasta School of Cosmetology.

Revised March 20, 2017

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)

Revised March 5, 2018