

# Shasta School of Cosmetology

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**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 BARBERING ADMISSIONS CHECKLIST AND APPLICATION

STUDENT NAME \_\_\_\_\_

CLASS INTERESTED IN ROP-BARBERING \_\_\_\_\_

CLASS START DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

HIGH SCHOOL YOU ARE CURRENTLY ATTENDING \_\_\_\_\_

- 1. 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 Friday,  
May 24, 2019**
- 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
  - CC: DRIVERS LICENSE OR BIRTH CERTIFICATE

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

## 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 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 \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_ **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.

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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 March 08, 2019