

# Shasta School of Cosmetology

## ADMISSIONS CHECKLIST

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

PHN NUMBER \_\_\_\_\_

COURSE INTERESTED IN \_\_\_\_\_ CLASS START DATE \_\_\_\_\_

**CLASS SCHEDULE DESIRED?**

**Cosmetology/Barbering:**  
 Tue – Sat 8:30a – 2:30p (30hrs)  
 Tue – Sat 8:30a – 5:00p **June class only**

**Manicuring/Esthetician:**  
 Tue-Fri 8:30a-2:30p (24hrs)

**To begin the Admission process, please complete items #1 and #2 below.**

1. **The following information must be submitted PRIOR to starting class:**
  - Filled out application
  - Copy - social security card - **signed**
  - Copy – driver’s license **or** birth certificate
  - Copy - high school diploma/transcripts/GED (**Foreign high school diplomas must be translated into English, evaluated, and verified that it is the equivalent of a United States High School Diploma--Notary is not acceptable.**) *Please contact school admin office for acceptable verification companies.*
  - Certificate of Completion from Milady’s Infection Control (<https://www.miladytraining.com/courses/infection-control>)
  - **If you are using Veteran’s Benefits** – We need **ALL COLLEGE TRANSCRIPTS (MANDATORY)**
  - Your proof of training (**Only if you have earned prior hours from a past cosmetology/beauty school**)
  
2. **After you have collected all the above items:**  
**Call and Make an Interview Appointment – (530) 243-7990 (Bring the above items to your appointment)**

### **To be completed by school administration:**

- PLACEMENT TEST - Passed
- EMERGENCY MEDICAL FORM – Complete
- Contract - signed
- **IF VA – FINANCIAL AID SHOPPING SHEET**- Received
- **IF VA – STUDENT BILL OF RIGHTS FORM** - Received

- Interview \_\_\_\_\_
- Tour complete \_\_\_\_\_
- Performance Fact Sheet signed \_\_\_\_\_
- Contract appt \_\_\_\_\_

Have student loans?  Yes  No  
 Defaulted?  Yes  No

- Independent
- Dependent

*(ALL ESTIMATES ARE SUBJECT TO VERIFICATION COMPLETION)*

<b>FAFSA COMPLETE?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EFC _____ PELL GRANT ESTIMATE _____
Student file taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IRS DRT Used? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Tax Return Transcripts Received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent(s) file taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IRS DRT Used? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Tax Return Transcripts Received? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>FAFSA COMPLETE?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EFC _____ PELL GRANT ESTIMATE _____
Student file taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IRS DRT Used? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Tax Return Transcripts Received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent(s) file taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IRS DRT Used? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Tax Return Transcripts Received? <input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL PROGRAM COST		NOTES:
<b><i>ESTIMATE ONLY:</i></b>		
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 \_\_\_\_\_ Initials \_\_\_\_\_

# 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:  Cosmetology  Barbering  Esthetician  Manicuring

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 School Diploma, GED or equivalent?  Yes  No
2. Do you have prior hours earned at a cosmetology school, esthetician school, manicuring school, or barber 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, or 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 programs

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)

Revised July 22, 2020