



ENROLLMENT APPLICATION

2440 B S Stemmons Fwy, Lewisville, TX 75067
website: www.tspaDallas.com

phone: 972-420-7036
email: admissions@tspaDallas.com

ALL COURSES ARE TAUGHT IN ENGLISH.

HOW TO APPLY

Complete this application and return it to The Academy Admissions office via email, mail, or in person.

- 1. Have your high school and post-high school transcripts sent to The Academy address above.
2. Contact us to schedule an admissions interview meeting. During the meeting information concerning curriculum books and kit, apparel code, and career investment payment plans will be shared.

GENERAL INFORMATION Please print.

Course of study: [ ] Cosmetology [ ] Esthetics

Name First Middle Last

Address City State Zip

Cell Phone ( ) Home Phone ( ) Email

Social Security Number Citizenship U.S. Other Veteran? Yes No

List health conditions and allergies

Person to Notify in Case of Emergency:

Name Relation to Student

Address City State Zip

Cell Phone ( ) Home Phone ( ) Work Phone ( )

Parent Contact Information:

Name

Address City State Zip

Cell Phone ( ) Home Phone ( ) Work Phone ( )

Parent Contact Information:

Name

Address City State Zip

Cell Phone ( ) Home Phone ( ) Work Phone ( )

Contact for Personal Reference:

Name Relation to Student

Address City State Zip

Cell Phone ( ) Home Phone ( ) Email

**EDUCATION** The Academy requires a high school diploma or G.E.D.

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Year Graduated \_\_\_\_\_ Grade Average \_\_\_\_\_

List all training/college attended since high school. Add additional pages as needed.

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Major \_\_\_\_\_ Year Graduated \_\_\_\_\_ Grade Average \_\_\_\_\_ Honors \_\_\_\_\_

**EMPLOYMENT HISTORY** Add additional pages as needed.

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Salary \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Salary \_\_\_\_\_

**QUESTIONS**

How did you hear about The Academy? \_\_\_\_\_

When did you first become interested in this career? \_\_\_\_\_

When would you like to start?

Cosmetology: Month \_\_\_\_\_ Year \_\_\_\_\_

Esthetics: Month \_\_\_\_\_ Year \_\_\_\_\_

Do you wish to be employed right after graduation?  Full-time  Part-time

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

Do you have any health conditions that could impact your training? \_\_\_\_ Yes \_\_\_\_ No (If yes, please explain below)

**I certify that all statements made in this application are true and complete.**

Signature \_\_\_\_\_ Date \_\_\_\_\_