

THE
SALON
PROFESSIONAL
ACADEMY

566 Theater Road • Onalaska, WI 54650
Admissions Phone: (608) 781-8772 (781-TSPA)
Appointment phone: (608) 783-7400
FAX: (608) 781-1527
www.salonproacademy.com

Enrollment Application

HOW TO APPLY –

1. Complete this application and return it. Request your high school and post-high school transcripts be sent to The Academy.
2. Contact The Academy to schedule a tour, a class visit and a complimentary service. Meet our staff and students. Learn about our curriculum, textbooks, kits and uniforms.
3. Sign your enrollment agreement and pay your enrollment fee.

GENERAL INFORMATION Please print or type. Please attach a recent photo.

Course of study: ___Cosmetology ___Esthetics ___Nail Tech

Name _____
First Middle Last

Address _____
Number & Street City State Zip

Date of Birth _____

Telephone Number (____) _____ Social Security Number _____

Cell Phone Number (____) _____ Email address _____

Citizenship? _____ Veteran? _____ Health? _____ Allergies? _____

In case of emergency notify:

name address phone

Parent Contact #1:

name address phone

Parent Contact #2:

name address phone

Personal Reference (not employer or relative):

name address phone

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

High School _____ City, State _____

Year Graduated _____ Grade Point Average _____

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

School _____ City, State _____ Major/Course _____

Graduation Date _____ Grade Average _____

EMPLOYMENT HISTORY: Add pages as needed.

Employer _____ Address _____ Phone _____

Position _____ Start Date _____ End Date _____ Salary _____

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Position _____ Start Date _____ End Date _____ Salary _____

QUESTIONS:

How did you hear about The Academy? _____

Why do you want to enter this career? _____

When do you want to start?

Cosmetology: Jan ___ Mar ___ May ___ July ___ Sept ___ Nov ___ Year ___

Esthetics: (night) January ___ August ___ March ___ Year ___

Nail Tech: (night) Jan ___ June ___ Oct ___ March ___ July ___ Year ___

Have you ever been convicted of a felony? _____

Do you need any of the following while you attend school? Check all that apply.

___loans ___transportation ___part-time work ___housing

Do you wish to be employed right after graduation? _____

Full time? ___ Part time? ___ Expected salary? _____

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

Signature _____ Date _____