## **City Pointe Beauty Academy Enrollment Application**

501 South Madison Street, Webb City, Missouri 64870 Phone: 417-673-8822 Toll Free: 1-877-673-8822 Fax: 417-673-8830 Email: <a href="mailto:admissions@citypointebeauty.com">admissions@citypointebeauty.com</a> Website: www.citypointebeauty.com

## **HOW TO APPLY -**

- 1. Complete this application. Request high school and post-high school transcripts be
- 2.
- 3.

sent to the Ac	ademy.	ucst mgm schot	n ana post mgi	i scrioor transcr	ipts be	CB	
2. Schedule a too	SM						
3. Sign your enrollment agreement and pay your application fee.						Tour ISIR	
GENERAL INFORMATION: Please print.						Notes:	
Course of study:	Cosmetology	Esthetics	Nail Tech	Instructor	Massag	· · · · · · · · · · · · · · · · · · ·	

For Staff Use Only

Course of study: Cosmetology Esthetics	Nail Tech Instruc	tor Massage
Legal Name:		
First	Middle	Last
Preferred Name:	Preferred prono	ouns (optional):
Address:		
Number & Street	City	State Zip
Cell Phone Number:	Home or Work Num	ber:
Social Security Number:	Permission to Tex	ct: Yes No Emergency only
Cell Phone Carrier (ie: AT&T):	_ Email address:	
Birth date:	Citizenship: U.S	Other Veteran: Yes No
Dependency: Dependent Independent	_	
Ethnicity (Check all that apply): Alaskan Native_Caucasian Hispanic Native Hawaiian		
Marital Status: Single Married Divorced	Widowed Separated	d
Parent/Spouse Contact:		
name address	р	hone
Emergency Contact: (must be different from con	ntact listed above)	
name address	р	hone
EDUCATION: City Pointe Beauty Academy requ	iires a high school transcrip	ot with completion date or G.E.D.
High School:	City. State:	Grad Date: / /

School:		City, State:	Major/Course:	
Graduation Date:	Grade Average: _	Activities/honors:		
School:		City, State:	Major/Course:	
Graduation Date:	Grade Average: _	Activities/honors:		
EMPLOYMENT HISTORY: Mos	st recent.			
Employer:		City, State:	Phone:	
Position:		Start Date:	End Date: Salary:	
QUESTIONS:				
How did you hear about The	Academy?			
Why do you want to enter thi	s career?			
Have you ever been convicted	d of a crime?			
If "yes", please explai	n:			
Do you have any health issue	s that could impa	act your training? For examp	le allergies, etc. Please explain.	
STARTING DATE:				
Cosmetology:	Month	_ Year		
Esthetics:	Month	_ Year		
Nail Technology:	Month	_ Year		
Massage Therapy:	Month	_ Year		
I certify that all statements n	nade in this appl	ication are complete and tr	ue.	
Signature:			Date:	

List all colleges/vo-techs attended since high school.