

THE SALON PROFESSIONAL ACADEMY ENROLLMENT APPLICATION

1700 W. New Haven Ave., Ste 540A, Melbourne, FL. 32904

phone: 321.951.0595

website: www.tspamelbourne.com

email: admissions@tspamelbourne.com

ALL COURSES ARE TAUGHT IN ENGLISH.

HOW TO APPLY

1. Complete this application and return it to The Academy Admissions office via email, mail, or in person.
2. Have your high school and post-high school transcripts sent to The Academy address above.
3. Contact us to schedule an admissions interview meeting. During the meeting information concerning curriculum books and kit, apparel code, and available Title IV Aid / payment plans will be shared.

GENERAL INFORMATION Please print.

Course of study: Cosmetology Massage Therapy Full Specialty Facial/Skin Care

Name _____
First Middle Last

Address _____ City _____
State _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____

Email _____

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 (____) _____

Contact for Personal Reference:

Name _____ Relation to Student _____

Address _____ City _____

State _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____ Email _____

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 _____

Massage Therapy: Month _____ Year _____

Full Specialty: Month _____ Year _____

Facial/Skin Care: 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)

May we text message you in the event of an emergency situation? ____ Yes ____ No
(I understand I have the ability to opt out of any text messaging by notifying the admissions office of my request.)

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

Signature _____ Date _____