

STEP ONE: ADMISSIONS TOUR

Your first step is to schedule a visit and tour. During the visit you will meet staff and students. You will also learn about curriculum, books, kit, uniforms, scholarships, and financial aid. This initial meeting can take up to one hour. Call Catherine to schedule your tour at 314-458-3109.

STEP TWO: APPLY FOR STUDENT AID

After your first visit, take the time to fill out your FAFSA before your enrollment appointment. You can find more information on how to do this in the payment options of this informational package.

STEP THREE: ENROLLMENT APPOINTMENT

Your final step will be to schedule your enrollment appointment. You would need to apply for the desired class no later than **3 weeks before** it is scheduled to start. **Call to schedule your appointment at 314-458-3109.**

ITEMS NEEDED FOR ENROLLMENT:

Please bring the following items with you to your enrollment appointment:

- Attached enrollment application
- Enrollment Fee of \$200
- High school diploma or (out of state & homeschool requires notarized transcripts that show your graduation date)
- (or) GED Certificate
- REAL ID Driver's license, passport, or birth certificate
 - ALERT: In the new MOPRO system, licensees and applicants will be required to submit proof of demonstrate continued lawful presence in the United States.
 - o **U.S. Citizenship:**
 - 1. A REAL ID driver's license
 - 2. A birth certificate showing birth in one of the 50 states or territories of the United States
 - 3. A signed United States passport; current or expired.

Your enrollment appointment will take about 30 minutes. During the appointment there will be additional paperwork to fill out and you will sign your enrollment agreement. We will also take a photo of you. This photo will be sent to the State Board of Missouri to be attached to your student license.

Enrollment Application

The Salon Professional Academy, Inc., 3141 West Clay, St. Charles, Mo. 63301 636-541-9757

GENERAL INFORMA Course of study:C	-		Start Date:	
Name				
Address		City	State	Zip
Social Security Number		Birth Date_		
Cell Phone Number (_)	Cell Phone Carrier		
Email Address:				
Citizenship? Y or N				
Shirt size for uniform:		_		
COSMO: Left Handed _	Right Hande	ed		
In case of emergency n	otify:			
Name	address		phone	
Parent Contact #1:				
Name	address		pho	ne
Parent Contact #2:				
Name	address		ph	one
Personal Reference (not	t employer or relativ	/e):		
Name	address		p	hone

EDUCATION: The Academy red	quires high school graduation or	a G.E.D.		
gh School City, State				
Year Graduated				
List all training/college attende	ed since high school			
School	City, State	Major/Course		
Graduation Date				
School	City, State	Major/Course		
Graduation Date				
EMPLOYMENT HISTORY				
Employer	Position			
QUESTIONS				
How did you hear about The A	cademy?			
Why do you want to enter this	career?			
Have you ever been convicted	d of a felony?			
Do you wish to be employed ri	ght after graduation? Full time? _	Part time?		
I certify that all statements mad	de in this application are comple	te and true.		
Signature	Date			