



ARE YOU READY TO BEGIN?

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.

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.

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)
- GED Certificate
- Driver's license, state ID, or birth certificate

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.

3141 West Clay, St. Charles, MO 63301 – 314.458.3109 – beautyschoolstlouis.com

For more information about graduation rates, the median debt of students who completed the program, and other important information, please visit our website at beautyschoolstlouis.com/catalog

Enrollment Application

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

GENERAL INFORMATION Please print.

Course of study: ____Cosmetology ____Esthetics Start Date: _____

Name _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Birth Date _____

Cell Phone Number (____) _____ Cell Phone Carrier _____

Email Address: _____

Citizenship? Y or N Veteran? Y or N Allergies? _____

Shirt size for uniform: _____

COSMO: Left Handed _____ Right Handed _____

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

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

High School _____ City, State _____

Year Graduated _____

List all training/college attended 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 Academy? _____

Why do you want to enter this career?

Have you ever been convicted of a felony? _____

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

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

Signature _____ Date _____

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