

**Sistas Academy of Cosmetology**  
**68 Charles Street - Meriden Connecticut 06450**  
**203 871-7728 203 871-7872**

**Application for Enrollment: Please return with a \$50.00 application fee.**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State and Zip:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**US Citizen:** Yes \_\_\_ No \_\_\_ **Social Security #:** \_\_\_\_\_ **Driver**

**License #:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

**Passport #:** \_\_\_\_\_

**Which classes are you interested in ?** Day \_\_\_\_\_ Evening \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_

**When would you like to start?** Immediately \_\_\_\_\_ In 6 months \_\_\_\_\_ In one year \_\_\_\_\_

**What areas are you most interested in? Please check all that apply.**

**Cosmetology** \_\_\_ **Hair Cutting** \_\_\_ **Barber/Salon Management** \_\_\_ **Skin Care** \_\_\_

**Nail Care** \_\_\_ **Ethnic Hair** \_\_\_ **Natural Hair Care** \_\_\_ **Hair Extensions** \_\_\_

**Spa Services** \_\_\_ **Salon Computer Applications** \_\_\_ **Receptionist Training** \_\_\_

**Make - Up** \_\_\_ **Marketing** \_\_\_ **Color** \_\_\_ **Advanced Classes** \_\_\_

**Education:**

**Elementary School** \_\_\_\_\_

**High School** \_\_\_\_\_ **Year Graduated** \_\_\_\_\_

**College** \_\_\_\_\_ **Year Graduated** \_\_\_\_\_

**Current occupation** \_\_\_\_\_

**Supervisors Name:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Can we call for a reference?** Yes \_\_\_ No \_\_\_

List two character references:

1. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship \_\_\_\_\_

Why would you like a career in the beauty industry?

You will be required to stand for long periods of time and working with chemicals. If you suffer from serious health or muscular/skeletal problems or have allergies you should consult your physician before beginning any of our classes.

To the best of my knowledge I do not suffer from any physical or mental disorder that may prevent me from completing the course in the time allotted.

I certify under penalty of law that the information contained on my enrollment application is true and correct.

Signature of Applicant \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

If under 18 - Signature of Parent or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sistas does not discriminate on the basis of sex, race, sexual orientation, economic status, ethnic origin or religion.

Sistas Use Only -

Interviewed by \_\_\_\_\_ - Date \_\_\_\_\_

Application fee \_\_\_\_\_ Deposit \_\_\_\_\_ Student Kit \_\_\_\_\_ Start Date \_\_\_\_\_