



## REFLECTIONS ACADEMY OF BEAUTY

3122 Brettwood Circle, Decatur, Illinois 62526 • 217-425-9117

Owner EM: [riki@reflectionsacademyofbeauty.com](mailto:riki@reflectionsacademyofbeauty.com)

Admissions EM: [jamie@reflectionsacademyofbeauty.com](mailto:jamie@reflectionsacademyofbeauty.com)

# Enrollment Application

## INFORMATIONAL PAGE

### CAREFULLY READ BEFORE SIGNING AND SUBMITTING

Please complete all information and return to Reflections Academy of Beauty and we will contact you.

The following items may be submitted online, or you may bring them in with you at the time of your appointment. **Please note, application will NOT be processed until all items are turned in.**

#### Present at your appointment or Upload:

- Copy - Driver's License or State ID
- Copy of your High School Diploma or GED Certificate
- Copy of your Social Security Card
- 2 References (Personal or Professional)

#### Present at your appointment or Upload:

- Essay:  
"Why I would like to join Cosmetology School and pursue a career in this industry" **include** where you see yourself in 5 years
- **\$100 Registration Fee (pay in person)**

Please Review the Following Links

[Microsoft Word - Reflections Academy of Beauty Sexual Harassment Policies Grievance Procedures 08-12-20 \(filesusr.com\)](#)

[Microsoft Word - Reflections CARES ACT GRANTS Disclosure \(filesusr.com\)](#)

[Microsoft Word - Document1 \(filesusr.com\)](#)

[catalog 2020 \(filesusr.com\)](#)

[Net Price Calculator | Mysite \(reflectionsacademyofbeauty.com\)](#)

[Apply for Financial Aid | Federal Student Aid RAB School Code 041894](#)



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## PRINT ONLY

Name (First, Middle, Last) \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Valid Contact Number (1) \_\_\_\_\_ Valid Contact Number (2) \_\_\_\_\_  
 Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security \_\_\_\_ / \_\_\_\_ / \_\_\_\_ First Language \_\_\_\_\_

## ENROLLMENT

Your School Funding	Enrolling As	Course	Choose a Month to Start:
<input type="checkbox"/> Self Pay	<input type="checkbox"/> New Student - Cosmetology	<input type="checkbox"/> Cosmetology	Jan <input type="checkbox"/>   May <input type="checkbox"/>   Sep <input type="checkbox"/>
<input type="checkbox"/> Parent / Guardian	<input type="checkbox"/> Cosmetology Instructor	<input type="checkbox"/> Esthetician	Feb <input type="checkbox"/>   Jun <input type="checkbox"/>   Oct <input type="checkbox"/>
<input type="checkbox"/> Private / Student Loan	<input type="checkbox"/> Transfer		Mar <input type="checkbox"/>   Jul <input type="checkbox"/>   Nov <input type="checkbox"/>
<input type="checkbox"/> Financial Aid			Apr <input type="checkbox"/>   Aug <input type="checkbox"/>   Dec <input type="checkbox"/>

**Previous Training**  Yes  No **If yes, Mark <**  Cosmetology  Nail Tech  Barber  Esthetician School

If Yes, Date From \_\_\_\_\_ Date To \_\_\_\_\_  
 Graduated Graduation Date \_\_\_\_\_ State Board Exam?  Yes  No Pass?  Yes  No  
 Incomplete Hours Total Hours Completed \_\_\_\_\_

Cosmetology/Nail Tech/Barber/Esthetician School Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Explain Reason for Leaving \_\_\_\_\_

## EDUCATION

For High School Students	Highest Level of Education
<input type="checkbox"/> (9) Ninth High School Name _____	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> (10) Sophomore Address _____	<input type="checkbox"/> GED Certificate
<input type="checkbox"/> (11) Junior _____	<input type="checkbox"/> Some College
<input type="checkbox"/> (12) Senior When is your graduation date? _____	<input type="checkbox"/> College Graduate

## WORK EXPERIENCE

(1) Employer \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

(2) Employer \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

(3) Employer \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_



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## Department Of Education Requirements: Fill Out to Comply with Equal Opportunity State and Federal Laws

The Department of Education requires schools to collect race and ethnicity information for our students and employees. Please review and respond to BOTH of the questions below:

1) What is this Person's Ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

2) What is this Person's Race?

- White or Caucasian
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Please fill out the following questions to assist Reflections Academy of Beauty, an Equal Opportunity School, to comply with state and federal laws. Applications are considered for Cosmetology Education and graduation without regard to race, age, sex, sexual orientation, political and religious views.

Gender Identifier	Select Your Age Range	Citizenship Status	Do You Have a Criminal Background?
<input type="checkbox"/> Female	<input type="checkbox"/> 16-18	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male	<input type="checkbox"/> 19-24	<input type="checkbox"/> Dual Citizen	If Yes, Briefly Explain: _____
<input type="checkbox"/> Custom	<input type="checkbox"/> 25-34	<input type="checkbox"/> Eligible Non-Citizen	_____
	<input type="checkbox"/> 35+	<input type="checkbox"/> Non-Eligible	_____

## BACKGROUND CHECK AUTHORIZATION

Reflections Academy of Beauty does background checks on all its potential students and employees. By initialing next to the agreement and signing this application below you are giving permission for your background check to be done.

*(Certain offenses could require a person to go before a review board for a license in the industry or a person could be denied a license because of certain offenses. Please see our website for the line to the Barber, Cosmetology, Esthetics, air braiding, and Nail Technology Act of 1985)*

\_\_\_\_\_ I agree to have my background checked.

## SIGNATURE REQUIRED

I certify that the facts set forth in this Application for Enrollment are true and complete to the best of my knowledge. I understand that if I am accepted as a student, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Administrator/Owner, Financial Coordinator to make an investigation of any of the facts set forth in this application and release the Administrator/Owner, Financial Coordinator from any liability. The Administrator/Owner, Financial Coordinator may contact any listed references on this application.

My signature confirms that I was provided with the following information PRIOR TO ENROLLMENT either in print or from the school website: [reflectionsacademyofbeauty.com](http://reflectionsacademyofbeauty.com) • Course Catalog • Consumer Information • Compensation a successful graduate may reasonably expect • Physical demands of the profession • Requirements and Laws for obtaining and maintaining a license in this industry for the State of Illinois • Prospective Employer Requirements and Expectations • Outcome rates (completion, licensure, placement, transfer out)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date