



## 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)

Financial Coordinator: [hannah@reflectionsacademyofbeauty.com](mailto:hannah@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)
- 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

[RAB Sexual Harassment Policies Grievance Procedures 08-12-20](#)

[RAB Cares Act Grants Disclosure](#)

[RAB Security Report](#)

[RAB Security Policy](#)

[RAB Catalog 2024](#)

[RAB Net Price Calculator](#)

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



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## PERSONAL IDENTIFICATION

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Address City State Zip Code

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security \_\_\_\_ / \_\_\_\_ / \_\_\_\_ First Language \_\_\_\_\_

## ENROLLMENT

Your School Funding	Enrolling As	Course	Preferred Start Month
<input type="checkbox"/> Self Pay	<input type="checkbox"/> New Student	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Jan 00 <input type="checkbox"/> May 00 <input type="checkbox"/> Sep 16
<input type="checkbox"/> Parent / Guardian	<input type="checkbox"/> Instructor	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Feb 00 <input type="checkbox"/> Jun 03 <input type="checkbox"/> Oct 22
<input type="checkbox"/> Private / Student Loan	<input type="checkbox"/> Transfer/Reenrollment	<input type="checkbox"/> Barber	<input type="checkbox"/> Mar 00 <input type="checkbox"/> Jul 08 <input type="checkbox"/> Nov 00
<input type="checkbox"/> Financial Aid			<input type="checkbox"/> Apr 22 <input type="checkbox"/> Aug 00 <input type="checkbox"/> Dec 02

## PREVIOUS TRAINING

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

If Yes, Date From \_\_\_\_\_ Date To \_\_\_\_\_  
 Graduated 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

High School Students Enroll With the Academics Counselor at Your High School

Highest Level of Education  High School Diploma  GED Certificate  Some College  College Graduate

## WORK EXPERIENCE

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

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

(3) Employer \_\_\_\_\_  
 Date To \_\_\_\_\_ Date From \_\_\_\_\_ 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                    |   |
|---------------------------------|---|--------------------------------|--------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Pronouns _____ | <input type="checkbox"/> 16-18 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Eligible Non-Citizen |
| <input type="checkbox"/> Male   |   | <input type="checkbox"/> 19-24 | <input type="checkbox"/> 35+   | <input type="checkbox"/> Dual Citizen | <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)

Do You Have a Criminal Background?  Yes  No If Yes, Briefly Explain: \_\_\_\_\_

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

### READ CAREFULLY BEFORE SIGN AND SUBMIT 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, Admissions Coordinator, and Financial Coordinator to make an investigation of any of the facts set forth in this application and release the Administrator/Owner, Admissions Coordinator, and Financial Coordinator from any liability. The Administrator/Owner, Admissions Coordinator, and 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)]

My Signature confirms my consent for Enrollment Submission and a Formal Background Check.

\_\_\_\_\_  
Applicant Printed Name

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

\_\_\_\_\_  
Date