



REFLECTIONS ACADEMY OF BEAUTY

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

Owner EM: riki@reflectionsacademyofbeauty.com

Admissions EM: jamie@reflectionsacademyofbeauty.com

Financial Coordinator: 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

[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 - Document \(filesusr.com\)](#)

[Catalog 2024](#)

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

[Apply for Financial Aid | Federal Student 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 Date			
<input type="checkbox"/> Self Pay	<input type="checkbox"/> New Student	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Jan	<input type="checkbox"/> May	<input type="checkbox"/> Sep	
<input type="checkbox"/> Parent / Guardian	<input type="checkbox"/> Instructor	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Feb	<input type="checkbox"/> Jun	<input type="checkbox"/> Oct	
<input type="checkbox"/> Private / Student Loan	<input type="checkbox"/> Transfer/Reenrollment	<input type="checkbox"/> Barber	<input type="checkbox"/> Mar	<input type="checkbox"/> Jul	<input type="checkbox"/> Nov	
<input type="checkbox"/> Financial Aid			<input type="checkbox"/> Apr	<input type="checkbox"/> Aug	<input type="checkbox"/> Dec	

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

[• 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