



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 EM: hannah@reflectionsacademyofbeauty.com

**ENROLLMENT
APPLICATION**

PERSONAL IDENTIFICATION

Name Today's Date

Birth-Date Social Security Number Education HS GED In Proce

Phone Number Preferred Method of Contact Email

Home Address

ENROLLMENT CHOICES

Enrollment Choice Funding Start Month

Instructor Question: When did you pass the State Board Exam?

All Student Enrollment Question: Have you had any previous training in beauty industry? Yes No
If No, Skip to Next Section

Training School Type Status of Training

Training School Name

Training School Address

Briefly Explain Reason for Incompletion

HIGH SCHOOL STUDENT EDUCATION

High School Name Grade Level Graduation Date

WORK HISTORY

1] Employer Name Date From To

Position Reason for Leaving

2] Employer Name Date From To

Position Reason for Leaving

3] Employer Name Date From To

Position Reason for Leaving

Name

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:

What is this Person's Ethnicity?

What is this Person's Race?

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 Age Range Citizenship

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 Cosmetology, Esthetics, Hair braiding, and Nail Technology Act of 1985)

Agree to have my background checked. Do You Have a Criminal Background? Yes No

If yes, Briefly Explain:

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, Admissions, /Financial Coordinator to make an investigation of any of the facts set forth in this application and release the Administrator/Owner Admissions, /Financial Coordinator from any liability.
- The Administrator/Owner, Admissions, /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)

Please Accept My Digital Signature as My Authentic Signature Date

Thank you someone will contact you soon.

RESET

SUBMIT