



REFLECTIONS ACADEMY OF BEAUTY

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

Dear Future, Professional,

Congratulations on taking this meaningful and exciting next step toward your future! On behalf of our entire team here at Reflections Academy of Beauty I personally am honored to welcome you to our school.

Whether you've chosen Barbering, Cosmetology, Esthetics, or the path of becoming an Instructor, you are stepping into a career filled with purpose, creativity, and limitless opportunity. We are honored that you chose us to guide you on this journey. Your decision to invest in yourself shows courage and determination —and we're committed to walking beside you every step of the way. Your dreams matter, and we can't wait to see the skills, confidence, and excellence you'll develop here to build a successful career.

Thank you again for choosing us to be part of your journey. I look forward to watching you grow, achieve, and reflect the very best of who you are becoming.

Welcome to the start of something amazing. Your future begins now!

*Warm regards,
Rebecca "Riki" Wright
Owner, Reflections Academy of Beauty*

- ✓ Please fill out the complete application form and bring it along with the items requested to Reflections Academy of Beauty
- ✓ Please Note Your application will **not** be processed until all required items are submitted.
- ✓ Present at Your Appointment or Upload Online
- Copies of
 - Driver's License or State ID
 - High School Diploma or GED Certificate
 - Social Security Card
- Two 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 (paid in person)

Owner EM riki@reflectionsacademyofbeauty.com

Admissions EM jamie@reflectionsacademyofbeauty.com

Financial Coordinator hannah@reflectionsacademyofbeauty.com

Financial Aid Available
for those who qualify

< Talk to Hannah Walker



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PERSONAL IDENTIFICATION

Name _____ Today's Date _____
First Middle Last
Address _____
Street City State Zip
Email _____ Phone _____
Birthdate ____/____/____ Social Security ____/____/____ First Language _____

ENROLLMENT

Choice of Funding	Enrollment As	Course	Preferred State Date		
<input type="checkbox"/> Self-Pay	<input type="checkbox"/> New Student	<input type="checkbox"/> Barber	<input type="checkbox"/> Jan	<input type="checkbox"/> May	<input type="checkbox"/> Sep
<input type="checkbox"/> Private or Student Loan	<input type="checkbox"/> Instructor	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Feb	<input type="checkbox"/> Jun	<input type="checkbox"/> Oct
<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Transfer	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Mar	<input type="checkbox"/> Jul	<input type="checkbox"/> Nov
<input type="checkbox"/> Parent / Guardian	<input type="checkbox"/> Reenrollment		<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
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 _____ Date _____
Name _____
Address _____
Address City State Zip County
Reason for leaving _____

HIGHEST LEVEL OF EDUCATION

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

☐ High School Diploma ☐ GED Certificate ☐ Some College ☐ College Graduate

WORK HISTORY

Employer _____	Position _____
Address _____	Date From _____ To _____
Reason for Leaving _____	
Employer _____	Position _____
Address _____	Date From _____ To _____
Reason for Leaving _____	
Employer _____	Position _____
Address _____	Date From _____ To _____
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?

- ☐ Asian ☐ Black or African American
☐ White or Caucasian ☐ 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

- ☐ Female
☐ Male
☐ Pronouns _____

Select Your Age Range

- ☐ 16-18 ☐ 25-34
☐ 19-24 ☐ 35+

Citizenship Status

- ☐ U.S. Citizen ☐ Dual Citizen
☐ Eligible Non-Citizen ☐ 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 give my permission to have my background checked _____ **< Initial here to give permission**

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 my consent for Enrollment Submission and a Formal Background Check.

Applicant Printed Name

Applicant Signature

Date