

# City Pointe Beauty Academy Enrollment Application

501 South Madison Avenue, Webb City, Missouri 64870 Phone: 417-673-8822 Toll Free: 1-877-673-8822  
Fax: 417-673-8830 Email: [info@citypointebeauty.com](mailto:info@citypointebeauty.com) Website: [www.citypointebeauty.com](http://www.citypointebeauty.com)

## HOW TO APPLY –

1. Complete this application. Request high school and post-high school transcripts be sent to the Academy.
2. Schedule a tour, meet staff and students, and learn about our training programs.
3. Sign your enrollment agreement and pay your registration fee.

### For Staff Use Only

EM  
 CB  
 SM  
 Tour  
 ISIR

Notes:

## GENERAL INFORMATION Please print.

**Course of study:**  Cosmetology  Esthetics  Nail Tech  Instructor  Massage

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number & Street City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ Permission to Text  Yes  No  Emergency only

Cell Phone Company \_\_\_\_\_ Email address \_\_\_\_\_

Birthdate: \_\_\_\_\_ Citizenship:  U.S.  Other Veteran:  Yes  No

Dependency: Dependent  Independent  Ethnicity: Hispanic  Non-Hispanic

Marital Status: Single  Married  Divorced  Widow  Separated

In case of emergency notify:

\_\_\_\_\_  
name address phone

Parent/Spouse Contact:

\_\_\_\_\_  
name address phone

**EDUCATION:** City Pointe Beauty Academy requires a high school transcript with completion date or G.E.D.

High School \_\_\_\_\_ City, State \_\_\_\_\_

Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Average \_\_\_\_\_ Extra Activities \_\_\_\_\_

List all training/college attended since high school.

School \_\_\_\_\_ City, State \_\_\_\_\_ Major/Course \_\_\_\_\_

Graduation Date \_\_\_\_\_ Grade Average \_\_\_\_\_ Activities/honors \_\_\_\_\_

**EMPLOYMENT HISTORY (most recent first):**

Employer \_\_\_\_\_ City, State \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Salary \_\_\_\_\_

Employer \_\_\_\_\_ City, State \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Salary \_\_\_\_\_

**QUESTIONS:**

How did you hear about The Academy? \_\_\_\_\_

Why do you want to enter this career? \_\_\_\_\_

**STARTING DATE:**

**Cosmetology:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Night Esthetics:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Night Nail Tech:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Massage:** Month \_\_\_\_\_ Year \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

Do you need any of the following while you attend school? Check all that apply.

\_\_\_ financial assistance \_\_\_ transportation \_\_\_ part-time work \_\_\_ housing

Do you have any health issues that could impact your training? For example allergies, etc. (Explain.)

**I certify that all statements made in this application are complete and true.**

Signature \_\_\_\_\_ Date \_\_\_\_\_