

City Pointe Beauty Academy Enrollment Application

501 South Madison Street, Webb City, Missouri 64870 Phone: 417-673-8822 Toll Free: 1-877-673-8822
Fax: 417-673-8830 Email: admissions@citypointebeauty.com Website: 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 application fee.

For Staff Use Only

EM
 CB
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 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 _____

Birth date: _____ Citizenship: U.S. Other Veteran: Yes No

Dependency: Dependent Independent

Ethnicity (Check all that apply): Alaskan Native American Indian Asian African American
Caucasian Hispanic Native Hawaiian Non-Resident Pacific Islander

Marital Status: Single Married Divorced Widowed Separated

Parent/Spouse Contact:

name address phone

Emergency Contact: *(must be different from contact listed above)*

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 _____

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Graduation Date _____ Grade Average _____ Activities/honors _____

EMPLOYMENT HISTORY:

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 _____

Esthetics: Month _____ Year _____

Nail Tech: Month _____ Year _____

Massage Therapy: Month _____ Year _____

Have you ever been convicted of a crime? _____

If "yes", please explain: _____

Do you have any health issues that could impact your training? For example allergies, etc. Please explain.

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

Signature _____ Date _____