

THE SALON PROFESSIONAL ACADEMY ENROLLMENT APPLICATION

4377 15th Avenue South, Fargo, ND 58103
website: www.tspafargo.com

phone: 701.478.1772 or 877.478.1772
email: admissions@tspafargo.com

ALL COURSES ARE TAUGHT IN ENGLISH.

HOW TO APPLY

Complete this application and return it to The Academy Admissions office via email, mail, or in person.

1. Have your high school and post-high school transcripts sent to The Academy address above.
2. Contact us to schedule an admissions interview meeting. During the meeting information concerning curriculum books and kit, apparel code and career investment payment plans will be shared.

GENERAL INFORMATION Please print.

Course of study: Cosmetology Massage Therapy Esthetics Nail Technology

Name _____
First Middle Last

Address _____ City _____ State _____ Zip _____

Email _____

Cell Phone (____) _____ Home Phone (____) _____

Person to Notify in Case of Emergency:

Name _____ Relation to Student _____

Address _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____ Work Phone (____) _____

Parent Contact Information:

Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____ Work Phone (____) _____

Parent Contact Information:

Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____ Work Phone (____) _____

Contact for Personal Reference:

Name _____ Relation to Student _____

Address _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____ Email _____

EDUCATION

The Academy requires a high school diploma or G.E.D.

High School _____ City _____ State _____

Year Graduated _____ Grade Average _____

List all training/college attended since high school. Add additional pages as needed.

School _____ City _____ State _____

Major _____ Year Graduated _____ Grade Average _____ Honors _____

EMPLOYMENT HISTORY Add additional pages as needed.

Employer _____

Address _____ Phone (____) _____

Position _____ Start Date _____ End Date _____ Salary _____

Employer _____

Address _____ Phone (____) _____

Position _____ Start Date _____ End Date _____ Salary _____

QUESTIONS

How did you hear about The Academy? _____

When did you first become interested in this career? _____

When would you like to start?

Cosmetology: Month _____ Year _____

Massage Therapy: Month _____ Year _____

Esthetics: Month _____ Year _____

Nail Technology: Month _____ Year _____

Do you wish to be employed right after graduation?

Full-time Part-time

Citizenship ___ U.S. ___ Other Veteran? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

Do you have any health conditions that could impact your training? ___ Yes ___ No (If yes, please explain below)

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

Signature _____ Date _____