

# City Pointe Beauty Academy Enrollment Application

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Fax: 417-673-8830 Email: [admissions@citypointebeauty.com](mailto:admissions@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 application 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

Cell Phone Number: \_\_\_\_\_ Home or Work Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Permission to Text: Yes  No  Emergency only

Cell Phone Carrier (ie: AT&T): \_\_\_\_\_ 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 colleges/vo-techs attended since high school.

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

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

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

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

**EMPLOYMENT HISTORY: Most recent.**

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_

**STARTING DATE:**

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

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

**Nail Technology:** Month \_\_\_\_\_ Year \_\_\_\_\_

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

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

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