Admission Application

**Please complete and submit the entire 2-page application. Incomplete applications will be returned to you and will delay the decision on your acceptance.**

Name: | | | |

Last name First name Preferred first name M.I. Maiden

Mailing address:

Number & street City State Zip Code

Permanent Address:

Number & street City State Zip Code

Telephone: ( ) Cell phone: ( )

Email: Gender:  Male Female

Social media:

Nearest Relative:  Father  Mother  Guardian Spouse/Partner

| | |

Name Address City, State, Zip Phone

Have you ever been convicted of a felony? YES OR NO

 New Applicant Former Express Lash Student Transfer if so transfer, from where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours do you currently have? When would you like to begin classes?

Jan Feb Mar Apr May Jun Jul Aug Sept Oct  Which program are you interested in?

Eyelash Extensions Makeup Teacher Training  Eyelash/Makeup Combo Esthetics

Do you plan to be a: Full-time student  Part-time student Which schedule are you interested in? Days Evenings

Do you have reliable transportation? Yes No Do you work? Yes No If yes, where?

List the last high school you attended and your status when you left (i.e., Grad, GED, Withdrew). **List all other educational institutions you have or are attending. (Please provide accurate information)**

High School:

Name of Institution, City, State From(mo/yr) To(mo/yr) Diploma/GED/Degree (Date)

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| | |

College: | | |

Have you been suspended or dismissed from any cosmetology school or college for academic, attendance or disciplinary reasons? Yes No ***(this can alter approval if not truthful)***

If yes, explain:

To provide you the best education, please let us know if you have an IEP or Special Education plan so we can make accommodations for your State Board Exam. Yes No

Employment and Military History List your employment experience (including military service) for the last 12 months.

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| --- | --- | --- | --- | --- |
| Employer | Street Address | City, State, Zip | From (mo/yr) | To (mo/yr) |
| Employer | Street Address | City, State, Zip | From (mo/yr) | To (mo/yr) |
| Employer | Street Address | City, State, Zip | From (mo/yr) | To (mo/yr) |

Answer the following questions in 3 or 4 sentences.

1. Why will you be a great student at our school?
2. What obstacles might prevent you from achieving excellent attendance and excellent academic performance?
3. How did you hear about Express Lash & Makeup Academy?
4. What traits do you have that will help you succeed in this industry?
5. What are your long-term career goals?
6. Why did you choose Express Lash & Makeup Academy?

# Admission Policy

* All prospective students must complete an Admissions application and return it to campus location.
* All applications will be reviewed and approved by the campus Admissions Representative and campus Manager.
* Incomplete applications will not be considered for review.
* Applications received from an applicant with a felony conviction will be further reviewed by the school’s owner, director, staff and campus Admissions Representative and Manager.
* Submitting an application does not guarantee admission.
* Prospective students will be notified by phone of approval or denial of admission.
* In the event a prospective student cannot be reached via phone, a letter will be mailed to the address provided on the Admissions Application.
* Express Lash & Makeup Academy reserves the right to approve or deny admission based on information gathered from the Admissions Application, during conversations with prospective students or friends and family members of prospective students (on the phone or in person), letters written by or on the behalf of a prospective student, or any other form of communication.
* Express Lash & Makeup Academy teaches all courses in English only. If English is not the primary language of a prospective student, they will be required to take Admissions Exam and must pass the exam with a minimum of 75%. Express Lash will have sources in Spanish and Vietnamese.

I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application, or dismissal from EL&MA if later discovered. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (diploma, official transcripts, down payment, etc.) to be received by the Admissions Office AT THE TIME OF MY ENROLLMENT.

Applicant Signature: Date:

*For Office Use Only:*

Date application received: