SASPRO



###### Smith Academy for Salon Professionals

###### 1050 Adams Ave

###### Huntington WV 25704

# Student Agreement Form

“The Student,” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Printed name) has chosen is to enroll in the \_\_\_Cosmetology,\_\_\_ Hairstyling,\_\_\_Manicuring, \_\_\_Esthetics ( check one) program at Smith Academy for Salon Professionals as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) (Please INITIAL in the space following each section in the Course Catalog after you have read the section in the Course Catalog) By enrolling as a student at Smith Academy for Salon Professionals, the Student understands that being the age of legal majority, he/she must accept full responsibility for his/her own choices, decisions and behavior in the program setting as defined in the student catalog. The initialed copy of the course catalog must be attached to this Agreement Form. Are you Left Handed\_\_\_ or Right Handed \_\_\_?

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print ) I have read, understand and agree to comply with the above. Student’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_ Student’s printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Before me, the undersigned authority, came the Grantor, and acknowledged that he/she voluntarily dated and signed this writing, or directed it to be signed and dated as above. Done this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTARY PUBLIC My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_