



Admission Application

Please complete and submit the entire 2-page application with the \$100 non-refundable application fee. 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: _____
(if different) Number & street City State Zip code

Telephone: (_____) _____ Cell phone: (_____) _____

E-mail: _____ IG: _____

Gender: Male Female

Nearest Relative: Father Mother Guardian Spouse/partner

Name Address City, State, Zip Phone

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Which best describes your application status? New applicant Former Society student Transfer

If 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 Sep Oct Nov Dec

Which program are you interested in? Elite Esthetics Elite Esthetics +Laser Esthetics +Laser +MedSpa
 Eyelash Extensions Specialist Advanced Makeup Professional

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? _____

If you reside outside of Texas are you planning on getting licensed in: Texas My state of residence Both

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 be sure to include The Facial Room Society if you have attended in the past.**

	Name of institution, City, State	From (mo./yr.)	To (mo./yr.)	Diploma/GED/Degree
High School:	_____	_____	_____	_____
Cosmetology School:	_____	_____	_____	_____
College:	_____	_____	_____	_____

Have you been suspended or dismissed from any cosmetology school or college for academic, attendance or disciplinary reasons? Yes No

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.

Employer	Street Address	City, State, Zip	From (month & year)	To (month & year)
Employer	Street Address	City, State, Zip	From (month & year)	To (month & year)
Employer	Street Address	City, State, Zip	From (month & year)	To (month & year)

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 us? Google Ad Google Search Instagram Facebook TikTok Referral, who?

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 The Facial & Wellness Society? _____

Admission Policy

- All prospective students must complete an Admissions Application and return it to the school.
- All applications will be reviewed and approved by the campus Admissions Representative.
- Incomplete applications will not be considered for review.
- Applications received from an applicant with a felony conviction will be further reviewed by the schools' owner and Admissions Representative
- Submitting an application does not guarantee admission.
- Prospective students will be notified by phone or email of approval or denial of admission.
- In the event a prospective student cannot be reached via phone, a letter will be emailed to the email address provided on the Admissions Application.
- The Facial & Wellness Society 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.
- The Facial & Wellness Society teaches all courses in English only.

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 THE FACIAL & WELLNESS SOCIETY 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: _____

26219 Oak Ridge Drive
The Woodlands, TX 77380