



SANDRA ACADEMY OF SALON SERVICES, INC.

907 MAIN STREET NEW TAZEWELL, TN 37825

WWW.SANDRAACADEMY.COM SANDRAACADEMY@HOTMAIL.COM

(423)626-7877

Application for Admission

Date: _____

Applicant's Name: _____

Last

First

MI

Address: _____

Street

City

State

Zip

Age: _____ DOB: _____ S.S.#: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Driver License #: _____ Exp. Date: _____ Issuing State: _____

Emergency Contact: _____

Name

Phone #

Address

List 2 Personal References:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name of High School Attended: _____ Graduation Date: _____

List any college or vocational school(s) attended:

School Name: _____ Date Attended: _____

Address: _____

School Name: _____ Date Attended: _____

Address: _____

I am enrolling in the course of: _____ Cosmetology, 1500 hours _____ Manicuring, 600 hours
_____ Esthetics, 750 hours _____ Instructor, 300 hours _____ Cosmetology Refresher, 300 hours

Applicant Signature: _____