



# SANDRA ACADEMY OF SALON SERVICES

NEW TAZEWELL CAMPUS 907 MAIN STREET

NEW TAZEWELL, TN 37825 423-626-7877

MORRISTOWN CAMPUS 5250 W ANDREW JOHNSON HWY MORRISTOWN, TN 37814 423-312-4790

WWW.SANDRAACADEMY.EDU SANDRAACADEMY@HOTMAIL.COM

## APPLICATION

Date: \_\_\_\_\_ Enrolling in : \_\_\_\_\_ New Tazewell, TN or \_\_\_\_\_ Morristown ,TN

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: \_\_\_\_\_ CAMPUS or \_\_\_\_\_ HYBRID VIRTUAL LEARNING

\_\_\_\_Cosmetology, 1500 hours \_\_\_\_ Esthetics, 750 hours \_\_\_\_ Manicuring, 600 hours \_\_\_\_ Instructor, 300 hours

\_\_\_\_Cosmetology Refresher, 300 hours

Applicant Signature: \_\_\_\_\_