



SANDRA ACADEMY OF SALON SERVICES
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(423)312-4790

APPLICATION

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: _____
City State Zip

List 2 Personal References:

Name _____ Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Name _____ Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Name of High School Attended: _____ Graduation Date: _____

List any college or vocational schools attended:

School Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Date Attended _____

School Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Date Attended _____

I am enrolling in: Cosmetology, 1500 hours Esthetics, 750 hours Manicuring, 600 hours Instructor, 300 hours

Cosmetology Refresher, 300 hours Campus Hybrid _____

Revised Date April 2024

Applicant Signature: _____