



SANDRA ACADEMY OF SALON SERVICES

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Morristown, TN 37814
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BARBER SCHOOL 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

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: _____ Master Barber, 1500 hrs _____ Barber Crossover, 300 hrs _____ Barber Instructor, 450 hrs

_____ Campus Master Barber, 1500 hrs _____ Campus Barber Crossover, 300 hrs _____ Campus Barber Instructor, 450 hrs

Applicant Signature: _____