



Mailing Address: P.O. Box 16794, Atlanta, Georgia 30321

678-369-2874 Fax 404-691-4326

<http://ritzbeautyacademy.blogspot.com> or email: Ritz@sandersonbiz.com

www.ritzbeautyacademy.com

Admissions Check-off List

Entrance information provided to students

Dear Prospective Student,

The following is your check-off list to be **completed** before you can be accepted for enrollment into any program at the **Ritz Beauty Academy, LLC**. Please make certain that you complete all forms in the Admissions Packet and collect copies of all necessary documents to submit to **Ritz Beauty Academy, LLC, P.O. Box 16794, Atlanta, Georgia 30321**.

Check-off the following after completion, collection, and submitting:

- School Application
- Entry Interview
- Submit completed Admission Package
- Submit all required documentation
 - Copy Proof of Education (High School Diploma or GED)
 - Copy of Proof of Age (Drives License or Birth Certificate)
 - Photograph taken within the last 6 months
 - Salon Visits Form
- Complete Enrollment Agreement
- Pay Non-Refundable Enrollment Fee of \$50.00 with credit card or money order only.

Your application will be reviewed; you will receive an email of acceptance or denial within 10-15 business days from date received.

The enrollment fee must be paid on the final visit, with submission of all completed documentation. Failure to do so will delay the proceeding of the Admissions process. Once paid, the fee is not refundable.

If you have any questions please call our admission representative. We are here to assist you. Ritz Beauty Academy, LLC can be reached at the following number 678-369-2874. Please mail your completed package to P.O. Box 16794, Atlanta, Georgia 30321 or fax to 404-691-4326.

Thank you,
Rita Addo-Minta, Owner

Application for Enrollment

Please **PRINT** clearly, all information must be legible. Fill out the following information completely, as it is necessary for our files, as well as those of the state and federal agencies.

First Name: _____ M. _____ Last Name: _____

Social Security# _____ / _____ / _____ Birth date: ____ / ____ / _____

Place of birth: _____ **Email address (must provide):** _____
(city/state)

Permanent address: _____ / _____ / _____ **Contact number** _____
(city) (state) (zip)

Are you a U.S. Citizen? Yes ___ No ___ If no, what is your alien registration # _____

Are you a Georgia Resident? ___ How long have you lived in Georgia? _____

PARENT INFORMATION

Fathers Name _____ Mothers Name _____

Address _____ Address _____

Employers Phone _____ Employers Phone _____

SPOUSE OR GUARDIAN INFORMATION

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Employers Phone _____

IN CASE OF EMERGENCY:

Name _____ Phone _____

Do you have any medical problems? ___ Any Allergies? ___ Are you Pregnant? ___

NAME AND ADDRESS OF TWO (2) REFERENCES NOT LIVING WITH YOU:

#1.Name _____ Address _____

Home Phone _____ City _____ St _____ Zip _____

Work Phone _____ Employer _____

#2.Name _____ Address _____

Home Phone _____ City _____ St _____ Zip _____

Work Phone _____ Employer _____



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WORK HISTORY:

Company Name _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Company Name _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

EDUCATION:

High School Diploma: yes or no If yes: Name of High School: _____

Highest Grade completed in High School: (Circle One) 9 10 11 12 GED: yes or no

ENROLLMENT INFORMATION:

When do you plan to enroll at Ritz Beauty Academy, LLC? _____

What course (s) do you plan on enrolling in? (check all that apply)

Cosmetology _____ Teacher Training _____ Make-Up Artistry _____

POST SECONDARY EDUCATION:

Have you ever been enrolled in Cosmetology School before? yes or no

If yes, complete information below:

School Name _____ Address _____

City _____ State _____ Zip _____ Dates attended: from _____ to _____

How many hours did you complete? _____ * **provide a transcript**

Have you ever attended any Post Secondary Institution? yes or no

If Yes, complete information below:

College Name _____ Address _____

City _____ State _____ Zip _____ Dates attended: from _____ to _____

Did you obtain a degree? yes or no If yes, what was your major? _____

Because we are mandated to maintain information for Title IV of Civil Rights Act, we are asking the following information: answering these questions is optional.

Age: _____ Sex: Male or Female Race: _____ Nationality: _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

of children: _____ Maiden Name: _____ Previous Married Name: _____

Living with:

Parent _____ Self _____ Guardian _____ Spouse _____ Roommate _____ Friend _____ Relative _____

APPLICANT AFFIDAVIT (must be signed in presence of notary)

Commonwealth of Georgia, County of _____. I, _____

being duly sworn, do depose and say that I am the person making the foregoing application, that I have read all the items therein carefully, and that all the statements are true and to the best of my knowledge and belief. Subscribed and sworn before me

_____ day of _____ 20____

Applicant's Signature

Notary Public

My Commission expires _____



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Dear Hair / Nail Salon Owner,

In order for a prospective student to be accepted for enrollment into our school they are required to visit at least two salons, spas, or nail salons.

Please fill in the appropriate information below:

#1 VISIT DATE: _____

Salon Owner or Representative: _____

Salon Name: _____

Address: _____ Phone: _____

City: _____ St: _____ Zip: _____ FAX: _____

Salon Representative Comments: _____

Student Applicant

Comments: _____

1. What is a typical workday like here?
2. What kind of hours or schedule would I have here?

#2 VISIT DATE: _____

Salon Owner or Representative: _____

Salon Name: _____

Address: _____ Phone: _____

City: _____ St: _____ Zip: _____ FAX: _____

Salon Representative Comments: _____

Student Applicant

Comments: _____

1. Do they have a dress code?
2. What are some of the benefits?

Applicant's Name: _____ Date: _____

ESSAY TOPICS

Write an essay, consisting of at least 250 words each. You may use additional paper if necessary. Please choose from the list of topics provided:

1. What created the initial interest for you to consider a career in cosmetology?
2. What steps have you taken into investigating this industry and how long ago did you start the process?
3. What plan have you implemented to secure yourself financially so that you can attend college and how long ago was the plan implemented?
4. What have you done to physically and mentally prepare yourself to attend cosmetology school?
5. Do you have good self-worth and are you able to handle constructive criticism?
6. What is your definition of professionalism, or professional conduct?
7. How would you describe yourself as a person and how will that benefit you in this profession?
8. What are your goals and expectations once you graduate from cosmetology school?

ESSAY # 1: *Please use a separate sheet of notebook paper and attach to this document*

Student Signature _____ Date _____

This section is only for Office Use, please leave blank.

- | |
|--|
| 1- Deposit Payment Amount _____ |
| 2- Full Payment _____ |
| 3- Paid Online ___/ Paid by Check___/ By Phone_____/ |
| 4- Class Schedule _____ |
| 5- Makeup kit : _____ |
| 6- Manicure Kit: _____ |
| 7- Cosmetology Kit: _____ |
| 8- Books: _____ |