

POTENTIAL COSMETOLOGY STUDENT

We appreciate your interest in a program with Jana's Cosmetology Academy located in Clementon, NJ. Due to the high demand for programs offered, you are required to submit the following information to the registration office before you will be considered as an applicant for the program. **Submission of this application does not mean you are accepted into the program. Upon completion of this information, your packet will be placed on file for review as openings become available.**

Please mail or in-person deliver to the Registration office the following information:

- O Information form with student signatures
- O 1 Character Reference (not from family)
- O High school transcript, copy of high school diploma **or** GED, **or** explanation why it is not included.
- O Copy of applicant's birth certificate

The cosmetology applications will be due in the registration office according to the following schedule:

Fall Semester	Application deadline: September 15
Spring Semester	Application deadline: November 15
Summer Semester	Application deadline: March 15

Thank you,

Cosmetology Admissions Team

Mail information to: Jana's Cosmetology Academy
1397 Blackwood- Clementon Road
Clementon, NJ 08021
Attention: Admissions
856.784.2888 Registration/ Admission Office

Information for you to consider as you apply to the program:

To become licensed, you will be required to complete Cosmetology (1250 hours), Barbering (925 hours), Teacher course (525 hours), Makeup Artist Certification (50 hours), Nail Technician (300 hours) and the licensure process through the New Jersey Board of Professional Licensing.

Potential JCA Students

- Regular school year hours: 8am – 4:30pm (full-time students) or 5pm- 9pm (part-time students) Monday through Friday
- Business hours: 8am- 5pm Monday through Friday
- Completed JCA application (\$25 non- refundable application fee for all potential students).
- Tuition must be paid in full or a payment schedule agreement must be completed prior to start of class.

Potential JCA Student Application Form

The completion of this form **does not guarantee enrollment into the Jana's Cosmetology Academy.**

Once you are accepted into the program, you will be required to complete the official registration process including JCA Application with application fee and provide Admissions Office all required supportive documentation.

Class session preference:

Fall session ____ Winter session ____ Spring session ____ Summer session ____

Please list your full legal name as it appears on your government ID, driver's license, Social Security Card, etc.

Legal Name (please print) _____ Social Security # ____ - ____ - ____

Phone (_____) _____ E-Mail Address _____

Current Mailing Address _____ , _____ , _____
(Street and/or PO Box) (City) (State) (Zip)

Driver's License State: _____ License Number: _____ **or**

I do not have a driver license. I certify that I am legally present in the United States, and I understand that the Department of Commerce will verify my legal presence in order to process my application. (required for State licensure)

Date of Birth _____ Gender: (please check one) Male Female

Have you ever been convicted of a felony? Yes ____ No ____ if yes, please explain on separate page in detail

Which program are you interested in?

Cosmetology ____ Barbering ____ Teacher program ____ Makeup Certification ____

Nail Technician ____ State Test Prep ____

Do you plan to be? (please check one)

full-time student ____ part-time student ____ hybrid student ____

What schedule are you interested in? (please check one) Days (M-F) ____ Evenings (M-F) ____

What is your *dominate hand*? (please check one) Right Hand _____ or Left Hand _____

Size Smock (please check one) S M L XL

Which best describes your application status? (please check one)

New applicant Former JCA student Transfer,
if transfer, from where? _____

How many hours do you currently have? _____

Do you have reliable transportation? (please check one) Yes No

Do you currently work? (please check one) Yes No

Previous Cosmetology school experience, if applicable

Previous Cosmetology hours: Yes No If yes, completed hours _____

Previous Barbering hours: Yes No If yes, completed hours _____

Previous Teacher Training course hours: Yes No If yes, completed hours _____

Education History

*List all other educational institutions you have or are attending.
Please be sure to include JCA if you have attended JCA in the past.*

	School Name & City, State	Years Attended	Graduated?
High School			
College			
Graduate/ Trade School			

Work & Military History

Please indicate most recent work/ military position first in the chart below.

Position Title	Company Name & City, State	From (month & year)	To (month & year)

Pre- Enrollment Questions:

Answer the following questions in 3 or 4 sentences.

1.) Why will you be a great student at our school?

2.) What obstacles might prevent you from achieving excellent attendance and excellent academic performance?

3.) How did you hear about Jana's Cosmetology Academy?

4.) What traits do you have that will help you succeed in this industry?

5.) What are your long-term career goals?

6.) Why did you choose JCA?

Admission Policy

- All prospective students must complete an Admissions Application and return it to the campus location of their choice.
- All applications will be reviewed and approved by the campus Admissions Representative and campus Manager.
- Incomplete applications will not be considered for review.
- Applications received from an applicant with a felony conviction will be further reviewed by the schools' owner, directors, staff, and campus Admissions Representative and Manager.
- Submitting an application does not guarantee admission.
- Prospective students will be notified by phone of approval or denial of admission.
- In the event a prospective student cannot be reached via phone, a letter will be mailed to the address provided on the Admissions Application.
- JCA reserves the right to approve or deny admission based on information gathered from the Admissions Application, during conversations with prospective students or friends and family members of prospective students (on the phone or in person), letters written by or on the behalf of a prospective student, or any other form of communication.

I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application, or dismissal from Jana's Cosmetology Academy if later discovered. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (diploma, official transcripts, deposit, etc.) to be received by the Admissions Office AT THE TIME OF MY ENROLLMENT.

Applicant (Print Name) _____

Applicant Signature: _____ Date: _____

