

Application Form

The Washington County School of Esthetics
"Whoever you are? You will find yourself here!"

Student Information

Name: _____

Address: _____ Email: _____

City/State/Zip: _____ Phone: _____

Cell: _____

Birth Date: _____ Age: _____ Marital Status: M or S

Spouses Name: _____

Education: Last grade Completed _____ Degree: _____

High School Diploma: Y or N or Equivalency Diploma: Y or N

College: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

References (2)

Name: _____

Address: _____ Email: _____

City/State/Zip: _____ Phone: _____

Name: _____

Address: _____ Email: _____

City/State/Zip: _____ Phone: _____

Cell: _____

Information:

How were you referred to the Washington County School of Esthetics? _____

Why do you want to become an Esthetician? _____

What part of Esthetics interest you? (Check all that apply)

Makeup _____ Waxing _____ Body Treatments _____ Acne _____ Skincare _____ Other _____

Facial Massage _____ Chemical Peels _____ Medical _____ Microderm _____

450 Hour Esthetician Program

Please write down anticipated class start date: _____

Class size is limited to .

A nonrefundable Application fee of \$20 is due now to submit the application for review. An additional non-refundable Registration Fee of \$150 will hold your space in the next class session.

My signature implies that the information above is correct.

Applicant's Signature: _____ Date: _____

Signature of Guardian (if applicable): _____

Interviewer/Instructor's Signature: _____ Date: _____

Please submit application for review and nonrefundable application fee of \$20 to:

The Washington County School of Esthetics

415 E. Washington Street

Slinger WI 53086

920-210-0370

www.washingtoncountyschoolofesthetics.com or www.skinandacnespecialist.com

info@skinandacnespecialist.com