Esthetician Application Form

The Washington County School of Esthetics

Student Information

name:	
Address:	_Email:
	Phone:
Cell:	Birth Date:
Age: Marital Status: M or S	Spouses Name:
Education: Last grade Completed	Degree:
High School Diploma: Y or N or Equivale College:	• •
Father's Name:	Phone:
	Phone:
	_Email:
•	Phone:
Name:Address:	_ Email:
	Phone:
Cell:	
How were you referred to the Washington	n County School of Esthetics?
why do you want to become an Esthetici	an?
•	neck all that apply) Makeup Waxing Acne _Medical Microderm Dermaplaning Other
450 Hour Esthetician Program anticipa	ted class start start date:

Refund Policy

The Washington County School of Esthetics refund policy is based on the guidelines of the State of Wisconsin Department of Safety and Professional Services, Administrative Code for Barbering and Cosmetology. The Application Fee is nonrefundable. **An additional early withdrawal fee of \$150 applies to all partial refunds.**

Full Refund

A full refund of money paid down on price of tuition minus the \$10 Application Fee, shall be made under enrollment contract if:

- You decide to cancel school enrollment by mailing or written notice to: The Washington County School of Esthetics 409 E.
 Washington Street, Slinger WI 53086, within 3 business days of signing the enrollment contract. The postmark on your written notification will decide the cancellation date of the contract.
- You were accepted for class enrollment but you were unqualified for entrance.
- If any written or oral misrepresentations were made by The Washington County School of Esthetics.

Partial Refund

If you cancel, are dismissed from the school, or withdraw prior to the first day of class, paid down on the price of tuition minus the **\$10 Application Fee** shall be refunded. **An additional early withdrawal fee of \$150 applies to all partial refunds.** For all students whose enrollments ends on or after your first day of class and prior to your graduation:

- In compliance with federal, state and accrediting commission regulations, a refund will be performed within 30 days of your termination date. You are required to repay any financial institution you owe money to and any unpaid balance or charges due because of the days/accrued while you were enrolled.
- You will be charged depending on the percentage of your enrollment time. This is the number of days in class time elapsed to complete the course of instruction.
- You will be refunded minus the percentage of your enrollment time, minus the price of tuition paid, minus the \$10 Application Fee and \$400 Equipment Fee. An additional early withdrawal fee of \$150 applies to all refunds. Percentage of enrollment time charges:

Greater than:	Less than or equal to:	Percentage of total cost charged:
0%	5%	20%
5%	10%	30%
10%	15%	40%
15%	25%	45%
25%	50%	70%
50%	100%	100%

- Students will be notified in writing of the calculation of the refund result. All unpaid fees due to the school must be paid in full within 30 days after the refund result calculation letter is sent.
- A full refund will be made for any Equipment, student kits or items, unused and in their original packaging, if items are returned to the school within 30 days.
- If the school decides to permanently close or no longer offers any enrollment, the student will be given a prorated refund.
 If this occurs you should contact the following to make a claim: West Bend Mutual Insurance Company, P.O. Box 620976,
 Middleton WI 53562
- If the scheduled course is canceled after signing the enrollment contract, and before the start date, the student will receive a full refund of all money given at this point and given enrollment option for next course or option to enroll in future
- A nonrefundable Application fee of \$10 is <u>due now</u> to submit the application for review.
- An additional non-refundable Registration Fee of \$500 will hold your space in the next class session.
- \$500 is due 30 days before the anticipated start date and the completed course contract.
- The remaining balance of tuition is due on the first day of class.

My signature implies tha	it the information above is correct.
Applicant's Signature:	Date:
Signature of Guardian (if applicable):	

Please submit application for review and nonrefundable application fee of \$10 to:

The Washington County School of Esthetics 409 E. Washington Street Slinger WI 53086

262-525-6605 or Email: rachel@skinandacnespecialist.com