

STUDENT APPLICATION

Applicant Information:

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

Education Information:

Highest Level of Education Completed: _____

Name of Last School Attended: _____

Course Selection:

Cosmetology

Barbering

Start Date Requested: _____

Signature of Applicant: _____ Date: _____

Initials of Student: _____

5. Termination by the School:

The school reserves the right to terminate a student for:

- Failure to maintain satisfactory academic progress
- Excessive absenteeism or tardiness
- Violation of school policies or code of conduct
- Non-payment of tuition or fees
- Failure to adhere to sanitary or safety protocols

6. Graduation Requirements:

To graduate, a student must:

- Complete the required clock hours
- Satisfactorily pass all written and practical exams
- Fulfill all financial obligations
- Complete required sanitation and safety training

7. Sanitation Policy:

Posh Beauty & Barber Academy maintains compliance with all local and state sanitary codes. Students are required to:

- Disinfect all tools and workstations before and after use
- Properly dispose of waste and single-use items
- Follow handwashing and hygiene protocols
- Wear appropriate protective gear as required

Failure to follow these policies may result in disciplinary action or termination.

Initials of Student: _____

8. Rights and Obligations:

Student Responsibilities:

- Attend classes regularly and punctually
- Maintain satisfactory academic progress
- Abide by school rules and policies
- Meet financial obligations on time

School Responsibilities:

- Provide qualified instructors and approved curriculum
- Maintain facilities and equipment in good condition
- Monitor student progress and provide necessary support
- Ensure compliance with state and regulatory requirements

Additional Notes / Special Conditions (if any):

Initials of Student: _____

10. Non-Discrimination Policy

Posh Beauty & Barber Academy is committed to creating and maintaining a learning and working environment that is free from discrimination, harassment, and retaliation. The school does not discriminate on the basis of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age, disability, genetic information, marital status, or any other characteristic protected by federal, state, or local law.

This policy applies to all aspects of the school's operations, including admissions, educational programs, financial aid, employment, and access to school facilities and activities.

Scope of Policy:

This policy covers conduct occurring in the school environment and at any school-sponsored activity, regardless of location. It applies to students, faculty, staff, administrators, contractors, and visitors.

Reporting Violations:

Any individual who believes they have experienced or witnessed discrimination or harassment is encouraged to report the incident to the school administration immediately.

Marlisha Ross
615-877-2781

All complaints will be taken seriously and investigated promptly. Retaliation against individuals who file a complaint or participate in an investigation is strictly prohibited.

Commitment to Diversity and Inclusion:

Posh Beauty & Barber Academy values the diverse backgrounds and perspectives of our students and staff. We believe that fostering an inclusive environment enhances the educational experience and prepares students for success in the beauty and barbering industries.

Questions or Concerns:

Questions about this policy should be directed to the School Director or Compliance Officer.

10. Student Acknowledgement and Signature:

I, the undersigned, acknowledge that I have read, understand, and agree to the terms and conditions set forth in this Enrollment Agreement. I understand my rights and responsibilities and agree to comply with the policies of Posh Beauty & Barber Academy.

Student Name (Printed): _____

Student Signature: _____

Date: _____

School Representative Signature:

Name (Printed): _____

Title: _____

Signature: _____

Date: _____

Receipt of Agreement:

By initialing below, I acknowledge that I have received a complete copy of this enrollment agreement for my records.

Student Initials: _____ Date: _____

ENROLLMENT AGREEMENT

1. Course Information:

The course selected will consist of ____ clock hours and is estimated to be completed in approximately ____ weeks/months, assuming the student maintains satisfactory attendance.

2. Costs and Charges:

- Tuition: \$_____
- Registration Fee: \$_____ (non-refundable)
- Books & Supplies: \$_____
- Kit: \$_____
- Uniform: \$_____
- Other Charges (specify): \$_____
- Total Program Cost: \$_____

3. Payment Plan (if applicable):

4. Cancellation and Refund Policy:

- A student may cancel enrollment within three (3) business days after signing this agreement and receive a full refund of all monies paid, excluding the registration fee.
- If cancellation occurs after three (3) business days but before the first day of class, all monies will be refunded excluding the registration fee.
- If a student withdraws or is terminated after the commencement of classes, a pro-rated refund will be calculated based on the clock hours completed.
- All refunds will be issued within 30 days of the date of cancellation or termination.

Initials of Student: _____