



Enrollment Application

Jenny Lea Academy of Cosmetology
222 East Unaka Ave.
Johnson City, TN 37601
423-926-9095

Date _____

Applicant Profile

Name _____
First Last Middle

Address _____
Street City State Zip code

Home phone: _____ Work phone: _____ Cell phone: _____

E-mail address: _____

Driver's License # _____ DL State: _____

SS number: _____ Date of birth: _____

Are you a US citizen? ___ Yes ___ No Ethnicity: _____ Martial Status _____

Are you currently employed? _____ Where at? _____

What program are you interested in?

___ Cosmetology ___ Nail Technician ___ Aesthetics ___ Instructor

Education: Check all that apply

___ Graduated from high school ___ Obtained GED ___ Homeschooled
___ Attended some college ___ Graduated from college
Bachelor's Degree? Yes No

High school _____ City/State _____

Date of graduation: _____

Autobiography\Personal Information:

Are you or anyone in your family a member of the military? Yes No

Are you a Veteran or are you the dependent of a Veteran? Yes No

Have you been convicted of a Felony? Yes No

If yes, provide explanation below or on the back of this application (Note: TN State Board requires additional documentation for convicted Felonies)

When did you first decide to follow your passion? _____



Freshman Attendance Policy

By signing below, I certify that I understand all of the above policies, and agree to abide by these policies. Termination could result from not following the above policies. *(Initial each statement in the space provided)*

_____ I understand that I will only be allowed three (3) approved absences during my first 10 weeks of attendance in the Cosmetology program. All absences must be approved by an instructor during this time.

_____ I understand that I will not be allowed to miss at all during the first 150 hours of the Aesthetics or Nail Technician program.

_____ I understand that I am not allowed to take a Leave of Absence during the first 300 hours of Cosmetology or 150 hours of Aesthetics |Nails Technician.

_____ I understand that if I go over the allowed number of days given to me to miss for emergencies or sicknesses that I will not graduate on time to meet my contract graduation date, which results in a charge of \$5.00 per hour for every hour I still need after my contract graduation date. *(Hours added are determined by program, Nails -60 hours; Aesthetics Day & Night – 75 hours; Cos Day & Night – 150 hours)*

_____ I understand that my \$300.00 first day fees are due no later than the day of Orientation.

Refund Policy

I _____, understand that if I withdraw or am terminated before my _____ hours are completed that I may owe money to the US Department of Education, Financial Aid, and/or the Jenny Lea Academy of Cosmetology. Jenny Lea Academy of Cosmetology will complete a refund calculation when it is determined that you have withdrawn or terminated, and you will have thirty (30) days to pay any tuition owed to the Academy or it will be turned over to a collection agency.

I also understand that if I withdraw or am terminated for any reason that I may owe money to Financial Aid or the Jenny Lea Academy of Cosmetology based on the amount of my scheduled hours.

I further understand that any and all discounts that are given will not be applied to my account until the end of my term. I understand that discounts will not apply to the amount owed if I withdraw or am terminated. If I withdraw or am terminated for any reason, I will pay in full what I owe Jenny Lea Academy of Cosmetology.

Refund Policy:

% of scheduled hours completed to total length of program	Amount of tuition owed to the school
0.01% - 4.9%	20% retained
5% - 9.9%	30% retained
10% - 14.9%	40% retained
15% - 24.9%	45% retained
25% - 49.9%	70% retained
50% and over	100% retained

Student Signature _____ Date: _____

Parent/Guardian of minor _____ Date: _____

Staff Signature _____ Date: _____



Liability Release Statement

Congratulations on starting your new career! With new careers comes new experiences and training that you will experience in the classroom and clinics. You will be working on clients as well as fellow students to enhance your skills. You may also receive services from fellow students or be a demonstrations model for instructors or product representatives. In order to make everyone feel confident in knowing that they are covered in case of accident or injury while on school property we require all students entering all programs to sign a release statement.

A release statement is a legally binding agreement between the person giving the service and the person receiving the service, stating that if an injury is incurred during the performance of services the injured party cannot sue for damages.

I understand that Jenny Lea Academy of Cosmetology and Aesthetics is a school which instructs students in their chosen field of study and that the student(s) working on me is/are not a fully trained professional. I agree to participate in giving and receiving services during the course of my training and accept that because of the shared lack of inexperience, I could be injured or sustain damage from individuals performing services on me. I agree to assume the risk of any damage or injury while on school property that I may suffer during the course of my educational journey and give up my rights to sue the student, the school, the instructors, and any/all personnel, or product representative, for any type of injury or damage incurred.

Student: _____

Date: _____

Witness: _____

Date: _____

Photo/Video Release Form

I _____ understand that while enrolled and after enrollment in the : a) cosmetology b) Aesthetics c) Nail Technician --- Program at Jenny Lea Academy of Cosmetology, photographs and/or videos of the program activities and promotions may be taken. Should I appear in such photographs and/or videos, I give my approval for the program to use such photographs and/or videos for display, promotional or for other media publication use.

Participant signature

Date

Acknowledge of Information Received.

Place your initial in the space provided as acknowledgement of the information received. (*Provided on the last page of this application.*)

_____ School completion rates

_____ School licensure rates

_____ School placement rates

_____ Campus Security Report

I certify that I have received the above stated materials prior to enrollment.

Print Name: _____

Signature: _____

Date: _____



PERSONAL DATA SHEET

Students Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Employer _____

Cell phone _____

References: (must provide 6 different addresses)

1.

Parent Name _____ Phone number _____

Address _____ Relationship to student _____

City _____ State _____ Zip _____

Work phone _____ Employer _____

2.

Name _____ Phone number _____

Address _____ Relationship to student _____

City _____ State _____ Zip _____

3.

Name _____ Phone number _____

Address _____ Relationship to student _____

City _____ State _____ Zip _____

JENNY LEA

Academy of Cosmetology

4.

_____	_____	
Name	Phone number	
_____	_____	
Address	Relationship to student	
_____	_____	
City	State	Zip

5.

_____	_____	
Name	Phone number	
_____	_____	
Address	Relationship to student	
_____	_____	
City	State	Zip

6.

_____	_____	
Name	Phone number	
_____	_____	
Address	Relationship to student	
_____	_____	
City	State	Zip

Student signature _____ **Date** _____



School Drug Policy and Procedure

No use of profanity, drugs, or alcoholic beverages during school hours will be tolerated. Any breach may result in dismissal from school. Jenny Lea Academy reserves the right to perform random drug testing. Jenny Lea Academy reserves the right to request drug test for cause (suggesting possible involvement or influence of drugs). Any student found to be abusing drugs may be terminated or suspended.

If a student is found to be in violation of the school’s drug policy the school reserves the right to bill the student any fees associated with the drug test procedure and or laboratory testing expenses. We reserve the right to suspend or expel a student from school for insubordination, refusal to cooperate with instructors and schedule, excessive absenteeism, skipping class or tardiness, use or abuse of drugs\alcohol, or in any case where we feel the student is not following school policies.

CAMPUS SECURITY REPORT

Statistics will be made available to all current students, employees and applicants for enrollment upon request for the occurrences on campus during the most recent school calendar year and two prior years for which data is available on the following criminal offences reported to the administrative staff and/or local agencies:

- Murder
- Forcible and Non-forcible sex offenses
- Robbery
- Aggravated assault
- Burglary
- Motor vehicle theft
- Manslaughter
- Arson
- Arrests or persons referred for campus disciplinary action for liquor law violations, drug related violations, and weapons possession
- “Prejudice”: all of the above and other crimes that involve bodily injury that show evidence of prejudice based on race, gender, religion, sexual orientation, or disability.

Any emergency or criminal actions noted by students or staff should be reported directly to the administrative staff. The director will take whatever action (medical or legal) deemed necessary.

A staff member checks the building for security each evening upon dismissal. The front doors are locked by 9:30pm each night. A staff member will be here each morning by 8:00am to unlock the front doors for daily operation. All emergency lighting and fire prevention equipment are kept in working order. Please familiarize with the location of this equipment.

The school campus consists of the building at 222 E. Unaka Ave. and adjoining parking lot. Following are the local statistics of criminal offenses reported to the school, staff or local police department.

<u>Year</u>	
2008	No crimes reported
2009	No crimes reported
2010	No crimes reported

School Calendar year 2009

Completion Rate: **66.39%**
Placement Rate: 87.01%
Licensure Rate: **92.86%**

Virginia Lewis
Director