



1773 Columbia Drive Decatur, GA 30032 404.369.0484

For Office Use Only

Makeup Case Choice #/color _____

Deposit Amt _____ Full Pymnt Amt _____

Payment Arrgmnt _____

Class Start Day _____

T-Shirt Size _____ Name on Back _____

STUDENT APPLICATION

All entries below must be completed. PLEASE PRINT CLEARLY.

FULL LEGAL NAME:

LAST _____ FIRST _____ M.I. _____

Date of Birth: Day: _____ Month: _____ Year: _____

Social Security # _____

Driver's License # _____

Mailing Address: Street: _____

Apt or suite# _____ City : _____

State/Providence: _____ Postal Code: _____

Country: _____

Telephone: (_____) - _____ **Cell phone:** (_____) - _____

E-mail Address: _____

Please indicate any educational background (educational background is not necessary for enrollment):

Please indicate the name of the class and date of the class of your request below:

Class Title _____ Class Date _____

Upon successful program completion, how would you like your name to appear on your certificate?

Please print _____

How did you hear about us?

Friend ___/ Referral ___/ Internet ___/ other, please indicate _____

Emergency Contact Name: _____

Phone Number: _____



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Do you have any color or art education? Yes No

If so, explain the type of education, where you were trained and dates of training_____

Have you had any make-up training? Yes No

If so, explain the type of education, where you were trained and dates of training_____

Are you color blind? Yes No Partially (If so, please explain.)

If you are paying with check, please make it payable to: Eyebrow Queen and mail it to our office address: 1773 Columbia Drive, Decatur, Georgia 30032. ALL CHECKS MUST BE RECEIVED AT LEAST 14 DAYS PRIOR TO YOUR SCHEDULED CLASS.

****All students must submit a copy of a valid photo ID and social security card, along with a current application (for certification verification) and an application fee, orientation fee minimum deposit to be considered for a seating reservation in the class of your request. You can scan email these documents to us. We will review your application and let you know if your application has been approved.**

Any alteration of this document may result in application refusal.

I certify that all the information that I have submitted in this application refers to me and it is true and correct to the best of my knowledge. I have read all the terms or enrollment with Posh Makeup Academy.

Print Student Name: _____

Signature of Student: _____

Date: _____

If you are under 18 years old, please have your parent or guardian print and sign their name to allow you, as their dependent/child, to attend

Guardian Signature: _____

Date: _____

All Makeup Classes include Kits in the price. Master Makeup Artist Course(\$3100.00-\$3800) Online Master Makeup Artist Course(\$2200-\$3100)Master Makeup Artist Course in 3 Weeks(50 Shades of Color)(\$2200-\$3100)Brow Basics & Techniques(\$1000) Eyelash Enhance(\$1200) Bridal Makeup & Business(\$1695) TV/Film & Music Video Makeup(\$395)Spectacular Eyes Techniques(\$395) Color Theory Techniques(\$395) Focused Makeup Techniques(\$395) Sculpt the FACE(\$395) Basic Brow Techniques(\$395) Basic Lash Techniques(\$395)

I understand that deposits must be paid before my seat is held for any classes.

Please initial _____



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I understand that this is an intense master makeup artist business course (for the beginner or those who want to learn the ends and outs of the professional makeup business training and build business relationships.) **Please initial** _____

I understand that I can receive a refund if funds were prepaid before my dated class minus 20%. Please initial _____

I understand that on/after orientation day I cannot get a refund of any kind. All refunds are done before orientation day no exceptions. **Please initial** _____

****We accept Cash, Certified Checks, Check, Visa, MasterCard, and Discovery, PayPal.** When setting up payment arrangements...payment must be made on a payment schedule that we discuss. Classes are held **Monday & Tuesday, Thursday & Friday or Saturday Only** every week unless otherwise notified. We have two classes schedules to choose from 10am-2p or 6pm-9pm. All makeup kits and other purchases will be distributed as soon as possible. If accepted by Posh Makeup Academy, you agree to abide by all policies by signing the statement below.

I Understand that if I receive a scholarship that it can be revoked at anytime. That when you receive a scholarship or otherwise, that I represent **Posh Makeup Academy** Accordingly. **Please initial** _____

I understand that I am required to wear **ALL BLACK** to school that is appropriate and professional and all black closed toe shoes. If I do not have those type of clothes I will purchase **BLACK SCRUBS**.
Please initial _____

I understand **Posh Makeup Academy** reserves the right to change or cancel the start date or prices at anytime. I understand that I can begin classes only after I have signed the Student Application Agreement and all necessary enrollment paperwork.
Please initial _____

Due to the rigorous and intense curriculum we must adhere to, it is mandatory that no classes are missed. I need to finish all **clock** hours and services required to receive a certificate including graduate with a "C" average by the end of my classes or I will have to make arranges to continue classes and payments of monthly (current)installments or pay \$75.00/hr due per day to make up days at the school's availability.
Please initial _____



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I understand that tardiness is not be tolerated at Posh Makeup Academy. If I arrive 30 min after the class scheduled I may not be allowed in class for that day. If I am late, I am expected to call in advance. If I need to be absent we expect to have received written notice in advance. Please be aware that absences will affect the cost of my classes and graduation date. **Please initial** _____

****Refund Policy: No refunds will be given once I have Orientation. In case of emergency my classes can be transferred up to 6 months.**
Please initial _____

I do not have any allergies to makeup products. **Please initial** _____

I understand that as a student of Posh Makeup Academy throughout the course, I will be in direct contact with various chemicals and products. These products have been used on actors and actresses for years and are proved to be safe for all types of skin. As a Makeup Artist, you will be applying fashion makeup, character & theatrical makeup products to your clients, models, actors and actresses. It is important for you to experience and know how these products work, look and feel to your clients also. If you cannot sit as a model for the other students, you will be required to provide a model to take your place for the course, practical exams, projects, and final exams. If you do not, you will receive an "F" grade for the class participation which could affect your overall grade in the class. **Please initial** _____

I have read and understand all the Posh Makeup Academy Rules and Regulations.

STUDENT NAME

(Please Print)

STUDENT SIGNATURE

Date _____

If under 18 years of age, parent(s) please sign below.

PARENT /GUARDIAN SIGNATURE

Date _____