



Derma Elite® Academy &  
Advanced Skincare  
9734 Midlothian Tnpk.  
Richmond, Virginia 23235  
804.272.7222

**ADMISSION APPLICATION**

PERSONAL INFORMATION				
First Name	Middle Name	Last Name	Date of Birth (mm/dd/yy)	
Social Security #				
Current Street Address		City	State	Zip Code
Cell Phone #	Home Phone #	Email Address		
Emergency Contact Name			Relationship	
Contact Number				
PROGRAM INFORMATION				
Which program are you applying for? Please circle all that apply.				
Basic Esthetics (600 hrs.)		Waxing (115 hrs.)		
Master Esthetics (600 hrs.)		Permanent Makeup (90 hrs.)		
Massage Therapy (500 hrs.)		Instructor (400 hrs.)		
Cosmetology (1500 hrs.)		List Instructor Type _____		
Barber (1500 hrs.)				
Nail Technician (150 hrs.)				
If you are applying for a continuing education or workshop, please write the name of the class below:				
When would you like to start class?		What days/hours are you available?		
Please circle which schedule you are interested in?				
Full-time(24-35 hours p/wk)		Part-time (less than 24 hours p/wk)		
Do you plan on transferring your license to another state after completion? (Please circle one)				
YES		NO		
If so, which state?	Expected transfer date?			
PRIOR EXPERIENCE				
Please list any relevant <b>training, education, or work experience</b> in the program of interest.				
Program/Class/Position Title	Company/School Name	Start Date	End Date	

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### PRIOR EXPERIENCE (cont.)

Please list any relevant **licenses** you currently hold or any additional **prior experience** you would like us to know about.


### EDUCATION

High School Name	City	State	Start Date	End Date

Did you receive your diploma?	If no, do you have a GED?
Yes                      No	Yes                      No

College Name	City	State	Start Date	End Date

Did you graduate?	Degree/Major
Yes                      No	

Vocational School Name	City	State	Start Date	End Date

Did you graduate?	Field of Study
Yes                      No	

I agree that all information provided on this application is accurate and true.

PRINT NAME \_\_\_\_\_

SIGN NAME \_\_\_\_\_

DATE \_\_\_\_\_