



INTERNATIONAL SALON AND SPA ACADEMY

AVP OPEN HOUSE FOR ALL DISTRICTS

(This night is for next school years potential students and their parents)

WEDNESDAY APRIL 4, 2018

6-7:30pm

It is a requirement for any student and their parent/
guardian to be at this information night as it is
loaded with details about our school and our
hairstylist training program. You will also be able to
meet the staff and instructors and tour our facility.

Any questions you may contact Ms. Penny at (719)597-1413 ext 1006 or penyy@issaco.edu

**INTERNATIONAL SALON AND SPA ACADEMY
APPLICATION FOR ADMISSION
2018-2019 SCHOOL YEAR**

Important! Please print all information. Only complete and legible applications will be brought forward for consideration. Please use black pen only.

Student Last Name Student First Name Initial

Address: _____ City _____
Zip _____

Home Phone: _____ Student Cell phone: _____

Date of Birth: _____ Male ___ Female ___ Age ___

Student E-Mail: _____

Smock Uniform Size _____

AVP Counselor's Name _____ High School _____
_____ Junior for 18-19 School Year _____ Senior for 18-19 School Year

For the 2018-2018 school year, I will be enrolled at International Salon and Spa Academy as a:
1st Year ISSA student 2nd Year ISSA student
Morning 8:30-11:45 Afternoon 1:00-4:30

Parent/Guardian

Name: _____

Address: _____ City _____
Zip _____

Home Phone: _____ Parent Cell Phone: _____ Parent Work Phone _____

Parentmail: _____

Please note: Continuation in the Program for the 2nd semester is contingent upon satisfactory behavior, attendance & academic performance. Likewise, students wishing to apply for the 2nd year of the program must have demonstrated satisfactory behavior, attendance & academic performance in year one. You must also complete a new application for the second year.

- It is expected that all applicants progress toward Colorado Licensure as a Hair Stylist.**
- Required: State your occupational objective.**

Date: _____ Student Signature _____

Date: _____ Parent/Guardian: _____

APPROVED BY:

Date: _____ High School Counselor: _____

Email: _____ Phone: _____

Date: _____ Career/Technical Ed Administrator _____

Email: _____ Phone _____