

**Skyline College
Cosmetology Application Packet**

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY - INCOMPLETE APPLICATIONS WILL BE RETURNED!

A completed Application Packet is required for enrollment in any Cosmetology programs—Cosmetology, Esthetician, Spa Technician, Manicuring, Teacher Training or Advanced Hairstyling.

ADMISSIONS PROCESS (WHAT YOU NEED TO SUBMIT FOR CONSIDERATION)

1. Complete and submit a Skyline College Application. (*Available online*)
2. Complete the Cosmetology Application Packet. (*Available online*)
3. Include a statement explaining why you are enrolling in the Cosmetology Program with a personal reference.
4. Attach copies of your English and Math Placements to the Cosmetology Department. (The placement tests may be waived if you have completed a college-level English or math class or placement test in the last two years upon review by a counselor. Minimum placement level for English is 826 and Math is 811.)

APPLICATIONS WILL NOT BE CONSIDERED UNLESS ALL REQUIREMENTS ARE SUBMITTED.

**PLEASE SEND THE COMPLETED PACKET TO:
Skyline College Cosmetology Department
Department Secretary
3300 College Drive
San Bruno, CA 94066**

The Cosmetology Program offers two (2) enrollment opportunities each year for the full-time program: January and August. The part-time program has one enrollment opportunity every August.

SCHEDULE	DAYS	TIMES	DURATION	COST
Full-time	Monday through Friday	8:00 a.m. to 5:00 p.m.	1 year	\$2,000
Part-time	Monday through Thursday Saturday	6:00 p.m. to 10:00 p.m. 8:00 a.m. to 4:30 p.m.	2 years	\$2,000

The Esthetician, Spa, and Manicuring programs are offered twice a year: August & January - evenings & Saturdays

SCHEDULE	DAYS	TIMES	DURATION	COST
Esthetician	Tues/Wed/Thurs Sat	6:00 p.m. – 10:00 p.m. 8:00 a.m. – 4:30 p.m.	2 semesters	\$1,400
Manicuring	Tues/Wed/Thurs Sat	6:00 p.m. – 10:00 p.m. 8:00 a.m. – 4:30 p.m.	2 semesters	\$800
Spa	Mon / Tues / Wed	6:00 p.m.– 10:00 p.m.	1 semester	\$800
Teacher Training	Mon / Tues	6:00 p.m. – 9:30 p.m.	8 weeks	\$200
Advanced Hairstyling	Mon / Tues	6:00 p.m. – 10:00 p.m.	8 weeks	\$100

The cost is an approximate estimate for the duration of the Program. It includes the cost for first semester tuition, books, uniforms, parking fees, and professional kits.

For further information contact the Skyline Cosmetology Department at:

(650) 738-4168 or (650) 738-4165.

Skyline College Cosmetology Program

Application for Admission

Applicant: Complete this form and return to the Cosmetology Department.

Date _____ Social Security Number _____

Name _____ Male Female

Address _____
Number & Street City State Zip Code

Home Phone _____ Cell/Work Phone _____

Email address _____

Which Cosmetology program are you applying for?	Cosmetology	<input type="checkbox"/> Full-time Day <input type="checkbox"/> Part-time Eve & Weekend
	Esthetician	<input type="checkbox"/> Evening & Weekend
	Spa	<input type="checkbox"/> Evening
	Manicuring	<input type="checkbox"/> Evening & Weekend
	Teacher Training	<input type="checkbox"/> Evening
	Advanced Hairstyling	<input type="checkbox"/> Evening

Which semester do you plan to register?		
Cosmetology, Teacher Training, Advanced Hairstyling	<input type="checkbox"/> Spring (January)	<input type="checkbox"/> Mid-Spring(March)
	<input type="checkbox"/> Fall (August)	<input type="checkbox"/> Mid-Fall (October)
Esthetician	<input type="checkbox"/> Spring (January)	<input type="checkbox"/> Fall (August)
Spa	<input type="checkbox"/> Spring (January)	<input type="checkbox"/> Fall (August)
Manicuring	<input type="checkbox"/> Spring (January)	<input type="checkbox"/> Fall (August)

Date of Birth _____ Country of Citizenship _____

If not an U.S. citizen, type of visa: _____

A full statement of your academic record is required for admission to the Cosmetology Program. Please list below the names of your high school, all colleges and/or universities.

Institution and Address	From (Mo/Yr) To (Mo/Yr)	Major	Degree Received

Have you been dismissed from any school or college? If so, explain.

List full-time occupations to date: _____

Prior training in Cosmetology? Yes No

Name of School _____ Location _____

Approximate Date of Training _____ Number of Hours _____

Year _____ Number of Hours Required for License _____

Do you have any health limitations which will affect your ability to perform the work required in this profession?

Yes No

If yes, please explain: _____

How did you hear about the Skyline College Cosmetology Program? Explain: _____

If you are not accepted into the Cosmetology Program, do you plan to attend Skyline College for another program?

Yes No

If yes, which program? _____

To be considered for admission, all students must complete the Skyline College English and Math Placement Test within the past two years. The English or Math Placement Test **MAY** be waived for students who have completed an Associate or a Baccalaureate Degree after a counselor review. Call the Testing Office at 738-4164 for the testing schedule. **Please note that Financial Aid students must also take the Math Placement Test.**

I hereby certify that the information I have given in this application is complete and correct to the best of my knowledge. I understand that no action will be taken regarding my application until the Cosmetology Department has received all documents.

Student's Signature

Date

**Return Application To:
Skyline College Cosmetology Department
3300 College Drive
San Bruno, CA 94066**

**ENROLLMENT CONTRACT (COSMETOLOGY)
SKYLINE COLLEGE COSMETOLOGY**

Revised 01/02/2010

THE FOLLOWING REGULATIONS HAVE BEEN ESTABLISHED BY THE COSMETOLOGY DEPARTMENT, THE ADVISORY BOARD AND THE COLLEGE. ANY VIOLATION OF THESE RULES WILL LEAD TO APPROPRIATE DISCIPLINARY ACTION. PLEASE READ AND SIGN THE SECOND PAGE.

A. ATTENDANCE

1. Registration is required for first day of school for you to receive credit.
2. We are a State regulated program mandated by the Board of Barbering & Cosmetology. In order to graduate, you must have 1600 clock hours as well as theory hours and operations as outlined on your official time ticket. These tickets are audited for accuracy. Your participation is required for full sessions for each class you are assigned to and you must maintain a grade of "C". You are fully responsible for all assignments given.
3. Participation is 25% of your grade.
4. School hours: 8:00 a.m. to 4:30 p.m., with ½ hour for lunch. You will be allowed a 7 minute grace period each day.
5. Please call receptionist by 8:00 a.m. to report absences. The telephone number is (650)738-4165.
6. Full uniforms are required prior to clocking in. Aprons are permitted over uniforms.
7. Students are responsible for all assignments given.
8. Transfer students must sign a special contract. Transfer students and withdraw/fail students are exempt from pre-applying to the Board of Barbering and Cosmetology.
9. Students must remove all personal belongings within two weeks of withdraw/fail or graduation date.
10. Legitimate excuses for absences with no absent hour taken: A) Jury Duty; B) Subpoena.
11. Calculating accrued participating hours is your responsibility.

Student's Initial for 1 – 11 _____

B. TIME CARDS

1. Article 950.2 State Board Rules and Regulations: Each school shall maintain a time clock for registering the hourly attendance of all students and shall require each student to register on his/her daily record when starting and completing daily instruction and training, when leaving and returning to school premises, at commencement and termination of lunch periods and extra-curricular duties for which no credit is granted (breaks). The daily record (time card) is a recapitulation of the student's applied effort for each day, certified daily by the signatures, under penalty of perjury, of the student and the school. Credit will be granted to a student only on registered hours of applied effort. Applied effort means the time actually devoted to classroom instruction, technical instruction, and/or practical training.
2. All students must use the time clock and show "in and out" punches when leaving the department. Alterations to the time clock entries are not allowed per Section 950.2 of the Board of Barbering & Cosmetology Rules and Regulations.
3. No student may punch "in or out" for another student. Dishonesty, forgery, alteration or misuse of college/department documents, records or identification are subject to disciplinary action, including suspension and/or expulsion.
4. Students must punch out for lunch period (30 min.) with a minimum of 20 minutes. If no lunch is taken, only six (6) hours will be credited for the day.
5. You have been assigned a clock number. Each student's Daily Record of Applied Effort must be deposited in designated slot on the wall rack above the time clock when leaving the department at any time. If your Daily Record of Applied Effort is not in its designated slot, it is assumed that you are in the department and you will be held responsible for any assignments, test, or client requests at that time.
6. Breaks are 15 minutes in the morning (9:00 - 9:15) and 15 minutes in the afternoon. All breaks must be a minimum of 10 minutes.
7. Upon completion of daily classes, it is the student's responsibility to have his/her ticket signed by an instructor and place it in the tray directly beneath the time clock. Daily tickets may not be removed from the department for any reason at any time.
8. Student daily time tickets must be accurate and complete. Use **only pencil** to compute hours and operations. Pens may be used only for student's signature.

Student's Initial for 1 – 8 _____

C. PERSONAL GROOMING AND MAINTENANCE OF PERSONAL EQUIPMENT

1. As a Cosmetologist, it is extremely important to look professional. **You are required to be in regulation uniform (as outlined in the Uniform Dress Code sheet).** The uniform is to be kept clean, unaltered and in good repair. You are required to replace your uniform if it becomes stained, stretched, torn, or discolored. **Personal grooming and hygiene is very important and necessary in this profession.**

2. Hair must be clean and well groomed and your daytime make-up applied prior to class. Long hair must be pulled back off the face. If it is extremely long, it must be worn up in a becoming style. Male students' hair must be well groomed, mustaches properly trimmed, and hands manicured. No scarves, hats, caps, or curlers will be allowed.
3. All students must pass the good-grooming inspection prior to all lab hours and services performed.
4. Student kits must be sanitary at all times and contain all the necessary equipment for training. You are responsible for the maintenance and transportation of your kit. Unannounced kit inspections will be made. Any missing articles must be replaced within one week.
5. Equipment and supplies must be checked out and returned to the dispensary upon completion of service. All machines must be unplugged and cleaned after use. All trays, brushes, and high-frequency apparatus must be returned clean.

Student's Initial for 1 – 5 _____

D. BEHAVIOR

1. Behavior that is mature, tactful, courteous, and respectful is expected when dealing with fellow students, staff, and clients. Inappropriate behavior will result in dismissal.
2. A student using improper language will be immediately dismissed at the discretion of instructor.
3. Any refusal of client service must be authorized by an instructor. A student refusing a client will be dismissed.
4. Defacing school property in any way (including extinguishing cigarettes on walls or walkways) will not be tolerated. This is considered vandalism and will be treated as such. Any costs incurred will be the responsibility of the student. (Refer to Student Conduct Codes in the Student Guide Handbook.)
5. Immature and disrespectful unprofessional behavior will not be tolerated. Student will be dismissed from class.
6. **Skyline College has a no smoking policy on campus.** Please use designated smoking areas only.
7. No student is permitted to use the department telephone for personal calls.
8. Cell phones are not allowed in classrooms or lab area.
(For details please refer to your Skyline College Student Handbook)
9. Club membership is mandatory, but participation is by choice.

Student's Initial for 1 – 9 _____

E. SALON DECORUM

1. Students are not allowed in any offices without the permission of the instructor.
2. Congregating at the front desk or in the reception area will not be allowed at any time.
3. Appointments cannot be altered by students.
4. Since modeling for fellow students is an important part of the application of manipulative skills, all students are required to participate as a model in salon services.
5. Students are allowed to perform services on each other at appointed times and with instructor's permission. Permission for personal work will be granted only if the class schedule requirements for the week have been met.
6. Payment for products and a signed receipt must be presented before any personal service and must be checked by an instructor.
7. No student is allowed to work on him/herself.
8. Each student is responsible for collecting the client service slips for services rendered.
9. Client service slips must be posted and visible on student's work area during time of service.
10. **Credit will be granted after services are performed and checked by the instructor.**
11. Payment for services starting at 3:00 p.m. must be collected prior to service.
12. According to Board rules and regulations, students are not allowed to perform beauty services outside of the school.
13. No eating or drinking permitted in classroom or lab except water with closed top and clear container.
14. Desk assignments are a part of your training.
15. The student must charge clients the "client prices," including extra supplies used. Complimentary services are at the discretion of instructors.
16. Some products used in cosmetology can be hazardous. If you are pregnant or suffer from respiratory problems, a doctor's release is necessary.
17. Check the bulletin board for upcoming events and student information.

Student's Initial for 1 – 17 _____

The above rules will be strictly enforced throughout the semester by all instructors.

Please sign and return the below portion of the contract to your Instructor, thank you.



I have read and initialed the above regulations and departmental rules and I AM FULLY AWARE THAT I AM TOTALLY RESPONSIBLE FOR UPHOLDING THEM WHILE I AM A STUDENT IN THE SKYLINE COSMETOLOGY PROGRAM. I understand that any violation of this contract may lead to my dismissal. Any infraction of these rules may result in loss of hours. NOTE: Any student dropped from the program can follow the grievance procedures listed in the Skyline College Catalogue.

Student's Name (Printed)

Student's Signature

Date

Skyline College Emergency Contact Form

Name _____

Male

Female

Address _____

Number & Street

City

State

Zip Code

Home Telephone: _____

Work Telephone: _____

In case of emergency, please notify _____

Phone number _____

Do you have any disabilities that may require additional assistance and support? Yes No

If yes, please describe: _____

Do you have any allergies or health problems? Yes No

If yes, please list: _____

Due to the strenuous nature of the Cosmetology Program, we would suggest a complete physical examination prior to enrolling. However, **A CURRENT TB TEST RESULT IS REQUIRED (ADMINISTERED WITHIN THE LAST SIX MONTHS). THE TEST WILL BE ADMINISTERED THE FIRST WEEK OF SCHOOL IF NEEDED.**



Cosmetology Program

REPORT OF MEDICAL EXAMINATION

TO BE COMPLETED BY THE STUDENT

Name _____ G #: _____
Gender: ____ M ____ F Birth date: ____ / ____ / ____
Address: _____
City: _____ Zip: _____ Phone: () _____ - _____

TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER

Name of Examinee: _____ DOB: ____ / ____ / ____
HT: _____ WT: _____ Temp: _____ Pulse: _____ BP: _____
Heart: _____ Lungs: _____ Resp: _____
Hearing – R: _____ L: _____ Eyes – R: _____ L: _____ Corrected Vision: _____
Mouth: _____ Teeth: _____ Glands: _____ Skin: _____
Spine: _____ Abdomen: _____ Inguinal Rings: _____
Neuro/muscular: _____ Extremities: _____
Allergies: _____
Medications: _____

He/She appears capable to perform the physical activities of the Vocational Program as described on page #1 of this form:
Yes _____ No _____

Remarks: _____

Examiner's name, Please print

Examiner's Signature and Date

Medical Number

Examiner's Address



Cosmetology Program

IMMUNIZATION DOCUMENTATION

Name: _____ DOB: ____ / ____ / ____

PPD:

This person received a current PPD test on _____, Results: _____
Date

If positive, a chest x-ray was performed on _____, Results: _____
Date

Student must submit PPD record (chest x-ray report if applicable)

Examiner's name, Please print

Examiner's Signature and Date

License Number

Due to the inherent nature of the cosmetology program it is highly recommend that students are up to date with their tetanus immunization and have completed the Hepatitis B series.

PROOF OF IMMUNITY:

Tetanus: _____
Date

Examiner's name, Please print

Examiner's Signature and Date

License Number

HEPATITIS VACCINE:

Series was started: 1st _____ 2nd _____ 3rd _____
Date Date Date

Examiner's name, Please print

Examiner's Signature and Date

License Number