

Charles Gregory Makeup Academy Application 2011



**This section is only for Office Use, please leave blank.**

- 1- Deposit Payment Amount \_\_\_\_\_
- 2- Full Payment \_\_\_\_\_
- 3- Paid Online \_\_\_/ Paid by Check\_\_\_/ By Phone\_\_\_/
- 4- Class Schedule \_\_\_\_\_
- 5- Makeup kit : \_\_\_\_\_

Student's Final Grade: \_\_\_\_\_

Master Class

**Applicant Information**

**1. Full Legal Name**

Last (Family): \_\_\_\_\_ First: \_\_\_\_\_

**2. Date of Birth:** Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**3. Social Security #** \_\_\_\_\_

**4. Mailing Address:** Street: \_\_\_\_\_ Apt or suite# \_\_\_\_\_  
City / Town: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

**5. Telephone:** ( \_\_\_\_\_ ) - \_\_\_\_\_ **Cell phone:** ( \_\_\_\_\_ ) - \_\_\_\_\_

**6. E-mail Address:** \_\_\_\_\_

**7. Please indicate any educational background (educational background is not necessary for enrollment):**  
\_\_\_\_\_

8. Please indicate the date of the class of your request below:

Class date \_\_\_\_\_/

9. upon successful program completion, how would you like your name to appear on your certificate?

Please print your name clearly:

\_\_\_\_\_/

10. How did you hear about us?

Friend\_\_\_/ Referral\_\_\_/ Yahoo\_\_\_/ Google\_\_\_/ Yellow pages\_\_\_/ other, please indicate\_\_\_\_\_/

11- Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_/

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: Charles Gregory Makeup Academy LLC and mail it to our office address: 690 Miami Circle NE, suite 575, Atlanta, Georgia 30324

**All students must submit a copy of a valid photo ID along with a current application (for certification verification) and a minimum deposit to be considered for a seating reservation in the class of their request. You can fax or 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 Charles Gregory Makeup Academy LLC

**Student Name:** \_\_\_\_\_/ **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:

**Level I Master Course full tuition (\$700.00)Makeup Kit \$350.00. Tuition must be paid in full before classes begin. I understand that this is a basic makeup entry level course (for people with minimal or no formal makeup training\_\_\_\_\_ please initial**

**\$300.00 non refundable deposit (\$650.00 when purchasing makeup kit) is required we accept Visa, MasterCard, American Express, Discovery, PayPal, Certified Check or cash. Classes are held Monday –Friday 9:00 am-5:00 pm.**

**All makeup kits and other purchases will be distributed on the first day of class.**

**If accepted by Charles Gregory Makeup Academy, I will abide by all policies. I understand the Academy reserves the right to change or cancel the start date. I understand that I can begin classes**

**only after I have signed the Student Enrollment Agreement and all necessary application Paperwork. \_\_\_\_ Please initial**

Due to the rigorous curriculum we must adhere to, it is mandatory that no classes are missed. You need a total of 40 class to receive a certificate to Level I course or there will be a fee of \$75.00 due per day to make up days at the school's availability

Tardiness will not be tolerated if you arrive 30 min after class schedule you will not be allowed in class for that day. \_\_\_\_\_ please initial

**Refund Policy:**

**No refunds will be given once classes have begun. In case of emergency a partial refund may be obtained, once it is approved in writing.**

*\*All Tuition Prices & Kit Fees are subject to change without notice*

**STUDENT/MODEL AWARENESS FORM**

Students are required to sit as models for class assignments and final projects. Throughout the class, students 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.

However, all students are required to sign an allergy awareness form.

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 practical exams, projects, and final exams. If you do not, you will receive an incomplete grade for the assignment.

I understand that as a student of the Charles Gregory Makeup Academy, I will be required to be a model. I agree to sit as a model without reservations and understand that if I cannot, I will provide a model to take my place or receive an incomplete grade for the assignment. You are responsible for finding a suitable model for your final exam and photo shoot.

**STUDENT NAME**

\_\_\_\_\_  
**(Please Print)**

**STUDENT \_\_\_\_\_ Date**

\_\_\_\_\_  
**NAME**

**(Please print)**

**PARENT /GUARDIAN SIGNATURE**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(If under 18) (Please Print)**

***I have read and understand all the Charles Gregory Makeup Academy Rules and Regulations***

***Please read and initial each section (initials) \_\_\_\_\_***