



Application Form

Mequon Thiensville School of Esthetics Center for Advanced Esthiology Training

Committed to enriching your life by providing a solid skin care program
with the most advanced products and technology.

Please tell us about yourself

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Alternate #: _____ Email: _____

Personal History

Social Security #: _____ Date of Birth: _____

Age: _____ Sex: _____ Marital Status: Single _____ Married _____

Spouse's Name : _____ Number of Dependents: _____

How is your general health? _____

Do you have any physical disabilities? _____

Are you under a physician's care? Yes _____ No _____

Are you on any medications or substances? _____. If yes, please list _____

Education

Please check last grade completed: 8 9 10 11 12 13 14 15 16 Degree _____

Indicate if any of these apply: High School Diploma ____ Equivalency Diploma ____ College ____

Family Information

Father's Name: _____ Phone: _____

Address: _____ City/State/Zip _____

Mother's Name: _____ Phone: _____

Address: _____ City/State/Zip _____

Name of nearest relative: _____ Phone: _____

References

Please provide two references that we may contact:

I. Name: _____ Title: _____ Relationship: _____

Address: _____ City/State/Zip _____ Phone: _____

II. Name: _____ Title: _____ Relationship: _____

Address: _____ City/State/Zip _____ Phone: _____

General Information

How were you referred to Mequon Thiensville School of Esthetics?

Why do you want to attend a school of esthology?

What aspects of skin care interest you? Please rate your interests from 1 (most) to 7 (least).

Facials _____ Make-up _____ Nutritional Therapy _____ Massage _____

Waxing _____ Body Treatments _____ Equipment Usage _____

What do you expect your future salary to be as an Esthetician?

Upon graduation: \$ _____ Two years after graduation: \$ _____

How did you become interested in the field of esthology?

My signature certifies that the above information is correct.

Applicant's Signature

Date

Interviewer's Signature

Date

Session Information

450-Hour Esthetics Training & Licensing Course

Please enter start date of class: _____

Note: Class size is limited to 10 participants

Tuition

Amount Due: \$7,400

A non-refundable \$100 deposit must be sent in with this application form to reserve your space in class.

Check enclosed _____

Please charge my credit card:

Visa _____ MasterCard _____ Discover _____

Card #: _____ Exp. Date: _____ Zip code: _____

Name as shown on card: _____

Are you interested in setting up a payment plan? Yes _____ No _____

Please scan/email, fax or mail your completed application form to:

Mequon Thiensville School of Esthetics
11135 N. Wauwatosa Road
Mequon, WI 53097
P: 262-242-3505
F: 262-242-3699
spa@mtschoolesthetics.com

Please mail non-refundable enrollment and registration fee of \$100 to:
Mequon Thiensville School of Esthetics ♦ 11135 N Wauwatosa Rd ♦ Mequon, WI 53097
P: 262.242.3505 F: 262.242.3699 www.mtschoolesthetics.com
spa@mtschoolesthetics.com