

PRE-ENROLLMENT STUDENT QUESTIONNAIRE

We would like to get to know more about you and why you are choosing a career in aesthetics. Please fill out this questionnaire and return it with your Application for Admissions.

Student Name: Date: Date:
Why did you choose Esthetics as a career?
How long have you been thinking about esthetics as a career?
Do you consider yourself punctual?
Is your health and the health of others important to you?
How do you learn best?
How do you respond to constructive criticism?
Do you have an at-home skin care regime?
Have you ever had a facial?
Do you see an esthetician for hair removal?
Have you ever had professional make-up applied to your face?
Do you consider yourself a leader or follower? Why?
What do you consider your strongest characteristics?
Do you have any allergies? If yes, please list them:
Please list any medications, vitamins, or supplements you are currently taking:
Do you have any health conditions (including pregnancy)? Certain health conditions may affect your ability to receive/provide services while attending school.

Have you ree	ceived any of the following services?
•	Injectables (Botox, fillers)
	🗆 No
	□ Yes
	If yes, list the most recent date of service:
•	Laser Hair Removal
	□ No
	□ Yes
	If yes, list the most recent date of service:
•	Microneedling
	□ Yes
	If yes, list the most recent date of service:
•	Permanent Cosmetics
	□ No
	□ Yes
	If yes, list the most recent date of service:
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We ask our students to hold off on receiving any of the services listed above during school enrollment, as these services may counteract or negatively impact the subjects taught during school instruction.

Please initial below to acknowledge the following class information:

_____ I understand that while enrolled at school, I will be providing all services on our student spa menu and receiving all services from fellow classmates, unless there is a medical contraindication present (Brazilian Waxes and Eyelash Extensions exempt).