



(919)-520-0634
(919) 791-6316



www.sherrillsuniversity.com
info@sherrillsuniversity.com



3601 Bastion Lane | Raleigh, NC 27604



Admissions Rep: _____ Today's Date: _____

First Name: _____

Social Security: ____ - ____ - ____

Middle Initial: _____ Telephone: ____ - ____ - ____

Drivers License: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Name of Highschool: _____

Have you been convicted of any criminal charges? (Yes/No) _____

To be completed by Sherrill's University Admissions Staff Only

Program: _____

School Schedule: _____

Start Date: _____

Graduation Date: _____

Class Schedule (24hr/28hrs) _____

Amount of Weeks (Schedule Attendance) _____

Amount of Months (Schedule Attendance) _____





Application for Enrollment

(Neither the applicant nor the school is obligated in any manner by this application until an Enrollment Application is accepted by both parties)

Personal History

Name _____ Soc. Sec. _____
Last First MI. (Or Alien Reg. #)

Address _____ Phone (____) _____

Cell Phone Carrier: _____

City _____ State _____ Zip Code _____ Driver's Lic# _____

Address _____ State _____ Zip Code _____
(Previous Address if less than one year)

Email: _____ Facebook/Twitter/IG: _____

Employment

Place of Employment _____ Address _____

City _____ State _____ Zip Code _____ What is your position? _____

Date of Birth ____/____/____ Age _____ Sex _____

Marital Status (check one) Married Single Divorced Separated Widowed

How many Children do you have? _____ with whom do you live? _____

Have you ever been convicted of a felony? ____ Yes ____ No If yes, Explain _____

Education

Elementary School Attended _____ Graded Completed _____ Date _____

High School Attended _____ Grade Completed _____ Date _____

College Attended _____ Grade Completed _____ Date _____

Other School's Attended _____ Grade Completed _____ Date _____

If you did not graduate High School, do you have an Equivalent Diploma (GED) ____ Yes ____ No

If yes, give the date the Equivalency Diploma was awarded _____

I authorize Sherrill's University to make any credit inquiries it deems necessary in connection with this application.

Signature _____ Date _____

Parent(s) Signature (if required) _____ Date _____



North Carolina Board of Barber Examiners STUDENT PERMIT APPLICATION

7001 Mail Service Center, Raleigh, North Carolina 27699-7000
Phone (919) 814-0640 • Fax (919) 981-5068
barbers.nc.gov • barberboard@nc.gov

PLEASE READ BEFORE YOU BEGIN!

- You must file this form at least 10 days before the date of enrollment (the date classes begin)
- Send the completed form to the address listed above
- Please include a \$25 payment made to “Board of Barber Examiners”
 - Include the student name and the phrase “Student Permit” in the memo line
 - We only accept check, money order, cashier check. Don’t send cash!

STUDENT INFORMATION

Barber school where student will enroll: Sherrill's University of Barber and Cosmetology

Mark one of the following: [] Transfer student
 [] Returning student
 [] New Enrollee

Last: _____ First: _____ MI: _____

Social Security number: _____ - _____ - _____ Date of birth: ____ / ____ / ____

Previous barber school attended (if any): _____

Mailing address: _____

Email address (optional): _____

Phone (optional): _____ Gender (optional): [] Male OR [] Female

Date student will enroll (first day of class): _____
(This form must be submitted at least 10 days before the student starts classes)

Manager signature: _____ Date: _____



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RULES AND REGULATIONS FOR COSMETOLOGY AND BARBER STUDENTS

1. Students must attend classes as scheduled in the enrollment agreement.
2. A change in the schedule must be approved by the school.
3. Absences and tardiness are to be avoided. There is penalty for late arrivals and Saturday absences.
4. If you are absent, please contact the Administrator.
5. Leaving school early requires faculty approval. Lunch schedule and breaks are assigned and approved by your instructor.
6. Nametags must be visible worn during school hours.
7. Students must maintain State Board sanitation requirements and participate in general clean up duties.
8. Only products authorized by the school are permitted on the clinic floor.
9. All students are required to have their equipment complete and in good working order and with them at all times.
10. Lending and borrowing equipment is prohibited.
11. Theft of property may result in automatic permanent suspension.
12. Student must accept all assignments, practical and theory, with a cooperative attitude.
13. Discipline and order must be maintained at all times. Disrupted or uncooperative behavior will not be tolerated.
14. Not complying with rules and regulations may result in disciplinary actions to be decided at the time of violation.
15. Visitors in the school are to be approved by the Instructor and must remain in the lobby.
16. All staff and faculty should be addressed as Mr., Ms., or Mrs.
17. Review of students overall compatibility with the training program will be held prior to the student moving to an advance level.
18. For Cosmetology students, clean, pressed, black slacks, white blouse, black shoes and black lab jacket must be worn at all times while in school.
19. For Barber students, black barber jacket, white button shirt with tie, black or blue slacks and black solid shoes must be worn at all times in school.

The above are standard rules but there are other guides and rules that students should follow as instructed by the School Director.

I have read the above rules and regulations and have received a copy.

Signature

Date

Print Name



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Sherrill's University of Barber and Cosmetology

Time Clock Policies and Procedures

1. You and you alone will be responsible for the operation of the computer. This means that only you may log in and off the computer. Students caught falsifying school records will be expelled immediately. This is a federal crime.
2. Before you log in, you must be in the building ready for class. This means:
 - A. You are prepared with tools, mannequin, and textbooks.
 - B. You are in uniform; Barber: dark shoes black lab jackets, black slacks and tie, white buttoned collared shirt, and nametag. Cosmetologist: Black scrubs, Black shoes, and name tags.

IF YOU DO NOT MEET THE ABOVE REQUIREMENTS, DO NOT LOG IN!!!!!!

3. If it becomes necessary for you to leave school at any time other than your normal time, see your instructor before logging off.
4. Remember North Carolina State Board Regulation, Subchapter 145, 0103:
 - A. The maximum time a student is allowed in school any one day, is eight (8) hours.
 - B. The maximum time a student is allowed to stay in school, any one week is forty (40) hours.

Clock In/Out Procedures

1. Click on Salon Program
2. Type in username (student)
3. Type in password (student)
4. Click **clock In/Out** on the main menu
5. Type in you code

ACKNOWLEDGED: _____

Signature

Date



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COSMETOLOGY/BARBER STUDENT RELEASE FORM

I am fully aware that the Cosmetology/Barber curriculum includes the use of chemicals. I am also aware of the danger of these chemicals. I will, to the best of my ability, use the chemicals in accordance to the recommended manufacturer suggestions with the precautions instructed.

At no time will I hold any instructor, student, school employee, or anyone connected with the school liable for any accident, injury, disease or cost incurred therein which may occur in a class or live practicum taught by them or developed there from, or while under the direct supervision of the school or its instructors or affiliates.

This release is intended by the student to release the school of all liability for any injuries, damages, rights, claims or actions which student may have now or after signing this form.

Name_____

Signature_____

Date_____

Name of Witness_____

Date_____



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Sherrill's University of Barber & Cosmetology

Drug-Free School Program

Philosophy:

Sherrill's University of Barber & Cosmetology is committed to the concept of compliance to the Drug-Free Communities Act Amendment of 1989. In this pamphlet we will endeavor to outline to employees and student Sherrill's standards of conduct as the relate to alcohol and illegal drugs; local, state and federal statues for the possession and/or distribution of illegal drugs; health risked of "mind-altering" substances; and the availability of local drug/alcohol counseling and/or treatment.

Standards of Conduct

The sanctions below apply to all employees and students whose violation occurs on school property or as part of a school activity.

Employees and students will not be allowed on school property under the influence of any type of mood-altering substance. Alcohol should not be ingested at least eight hours prior to arrival to school. Any employee/student taking prescription drugs that have mood-altering side effects should inform the teacher or supervisor immediately upon their arrival at school and be able to provide prescription documentation on request. Any employee/student found to be under the influence of alcohol or prescription mood-altering drugs (without proper notification) will be given a written notification or their violation will cause the person to be suspended until the employee/student can provide proof that he/she has enrolled in an appropriate counseling/treatment program. A third violation will result in permanent suspension.

Any employee/student found in possession of illegal drugs will be permanently suspended and local police will be notified. We reserve the right to notify the authorities should we suspect any employee/student to be in possession of illegal narcotics and to suggest search of same.

State and Federal Statutes

There are state and federal laws dealing with possession and the possession to sell controlled substances. Here and in other sections of this program, we will refer to the predominantly abused controlled substance of marijuana and cocaine/crack.

North Carolina Statutes

Anyone convicted for possession of .5 ounce or less of marijuana may be sentenced to no more than 30 days imprisonment, \$100 fine, or both.

Anyone convicted for possession of small amount of cocaine/crack may be sentenced to no more than 2 years imprisonment, \$2,00 fine, or both. Anyone convicted for "trafficking" while in the possession of 4 grams or more of cocaine will be sentenced for no less than 14 years minimum 50,000 fine.



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MEDICAL EMERGENCY INFORMATION SHEET

NAME (FIRST, LAST) _____

1. EMERGENCY CONTACT NAME: _____

a. **ADDRESS:** _____

b. **RELATIONSHIP:** _____

c. **HOME PHONE:** _____ **WORK PHONE:** _____

CELL PHONE: _____

2. EMERGENCY CONTACT NAME: _____

a. **ADDRESS:** _____

b. **RELATIONSHIP:** _____

c. **HOME PHONE:** _____ **WORK PHONE:** _____

CELL PHONE: _____

NECESSARY MEDICATIONS: _____

HEALTH CONCERNS: _____

HOSPITAL PREFERENCE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

SIGNATURE: _____

DATE: _____



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U.S. Stautes

It is unlawful to participate in the use, distribution, or manufacture of a controlled substance while receiving federal financial aid.

The sentence for conviction of the possession of marijuana is for no more than 5 years imprisonment, \$15,000 fine, or both.

Anyone convicted for the possession of cocaine/crack will receive a sentence of no more than 15 years in a federal penitentiary, \$25,000 fine, or both

Health Risk of Alcohol and Drug Abuse

Alcohol abuse is drinking that harms or endangers the drinker and/or others. It is the number one drug problem in the United States. Continued excessive drinking can damage:

- Body organs (leading to liver, heart, and digestive tract problems)
- Physiological processes (leading to impairment of brain activity, digestion, and blood circulation)
- Mental and emotional health (leading to loss of memory and impaired judgment contributing to personality disorders)

Cocaine is one of the most powerfully addictive of the drugs of abuse. Health dangers are:

- Accelerated heart rate while blood vessels constrict. This can cause seizures, cardiac arrest, respiratory arrest, or stroke.
- Nasal Problems with heavy use, possibly causing collapse of the nasal septum.
- Mental and emotional health (leading to loss of memory and impaired judgment contributing to personality disorder)
- Anxiety leading to paranoia.
- Possible depression when deprivation occurs
- Leading Counseling/Treating Centers

Alcohol and Drug Abuse Section

Division of Mental Health and Mental Retardation Services

325 North Salisbury Street

Raleigh, NC 27611

(919) 733-4670

Drug Action of Wake County

2809 Industrial Drive

Raleigh, NC 27604

(919) 832-4453

Signature _____

Date _____



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ENTRANCE INTERVIEW

NAME (FIRST, LAST) _____

ADDRESS: _____

PHONE: (____) _____

COURSE (Barber/Cosmetology) _____

SCHEDULE (FULL-TIME/PART-TIME): _____

PROPOSED GRADUATION DATE: _____

1. HOW WERE YOU INTRODUCED TO SHERRILL'S UNIVERSITY OF BARBER & COSMETOLOGY?
(PHONE BOOK, FRIEND, ETC) EXPLAIN: _____

2. HOW WOULD YOU RATE YOUR INTERVIEW WITH ADMISSIONS?

3. DID YOU LEAVE WITH QUESTIONS unanswered. If so what?

4. DID YOU SEE THE FINANCING ADMINISTRATOR ON THE SAME VISIT?

5. WERE ALL OF YOUR QUESTIONS ANSWERED. IF NOT WHAT IS YOUR QUESTION?

6. DO YOU UNDERSTAND THE CONCEPT OF OVERTIME TUITION?

7. DO YOU UNDERSTAND WHAT YOU WILL LEARN AS A STUDENT AT SHERRILL'S UNIVERSITY?

SIGNATURE: _____

DATE: _____



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Explanation to Students: Media Release Form

There are several times during the school when the news media or school personnel asks to interview and/or photograph many of our students.

Sometimes television stations, news reporters, or the school may request a taping in a successful classroom or an interview with an individual student. If you are willing for this to occur, we request that you complete the form below and it will remain on file at the school.

There will also be times when pictures, commercials, and/or information about contest winners, student's work, as well as student achievement may be available on the School's web page, Facebook or other media outlets. This media release form will serve as permission to post such information as needed.

MEDIA RELEASE FORM

I hereby give permission to the school/news media to photograph/interview me. It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in these projects without financial remuneration, and I understand that this releases the school/photographer/interviewer from any future claims, as well as from any liability, arising from the use of the said photograph/interview.

Student Name: _____
(Please print)

Student Signature: _____

Address: _____

City, State, Zip: _____

Date: _____



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STUDENT ASSESSMENT SHEET

Full Name:		
Hometown City, State		
<ul style="list-style-type: none"> Cosmetology Barber-Stylist 	Start Date: _____	Expected Graduation Date: _____
Previous Education		

LIST THE AREAS OF STUDY THAT YOU ARE INTERESTED IN BECOMING AN EXPERT IN.
1.
2.
3.

SPECIAL SKILLS				
Check All That Apply				
Hair Color <input type="checkbox"/>	Corrective Hair Care <input type="checkbox"/>	Styling <input type="checkbox"/>	Styling <input type="checkbox"/>	Facial Care <input type="checkbox"/>
Hair Cutting <input type="checkbox"/>	Artificial Hair Placement <input type="checkbox"/>	Mustache and Beard Design <input type="checkbox"/>	Hair Treatment <input type="checkbox"/>	Special Event Hairstyling <input type="checkbox"/>
Clipper Cutting <input type="checkbox"/>	Hair Removal <input type="checkbox"/>	Chemical Application <input type="checkbox"/>	Special Hair Needs <input type="checkbox"/>	Children's Hair Styling <input type="checkbox"/>
Other:				