



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



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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 \_\_\_\_\_





**Sherrill's University School Code 459**

**Part 1. Enrollment Form** - To the Executive Director of the State Board of Cosmetic Art: Date \_\_\_\_\_ 20 \_\_\_\_\_

First Name	Middle if applicable	Last Name
Social Security Number	Date of Birth	Date of Enrollment

Number of hours and minutes (HH:MM) accepted from previous enrollment or from another school\* \_\_\_\_\_  
 (\*transfer form must be attached to this enrollment) If enrolled in a school from another State, certification **MUST** come from the Board of Cosmetic Art in the State **with their seal affixed.**

- \_\_\_\_\_ Cosmetologist (1500 hours)
  - \_\_\_\_\_ Apprentice Cosmetologist (1200 hours)
  - \_\_\_\_\_ Cosmetology Instructor
  - \_\_\_\_\_ Manicurist
  - \_\_\_\_\_ Manicurist Instructor
  - \_\_\_\_\_ Natural Hair Care Specialist
  - \_\_\_\_\_ Natural Hair Care Specialist Instructor
  - \_\_\_\_\_ Esthetician
  - \_\_\_\_\_ Esthetician Instructor
  - \_\_\_\_\_ Licensed Apprentice Cosmetologist (300 hours)
  - \_\_\_\_\_ Additional Hours (3 time exam failure)
- (circle type) C A CT M MT NHC E ET
- Student has been approved for online education

**Have you ever been convicted of a felony?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
 According to General Statute 88B-24, after completion of training and successfully passing the examination, the State Board of Cosmetic Art may refuse to issue a certification of registration for anyone convicted of a felony.

\_\_\_\_\_  
 Student's Signature

I CERTIFY THAT the given enrollment information is a true statement and the listed student name matches the government issued ID. I have made the student aware of GS 88B-19 and the expiration of school credits.

\_\_\_\_\_  
 School Official's Signature

**Part 2. Withdrawal Form – only applicable for non-graduating withdrawals. Graduations are documented in Part 3 only.**

Last Date of Hours earned \_\_\_\_\_ Total Number of Hours and Minutes Completed (HH:MM) \_\_\_\_\_  
 Documentation of completed evaluations must be attached to this form.

**Part 3. Graduation Form**

**Current legal name:** \_\_\_\_\_

Last Date of Hours earned \_\_\_\_\_ Total Hours and Minutes Completed (HH:MM) \_\_\_\_\_

**Check One**

	Course curriculum required for a cosmetology license (1500 hours) in rule 21 NCAC 14 have been completed.
	Course curriculum as required for an apprentice cosmetology license (1200 hours) in rule 21 NCAC 14 have been completed.
	Course curriculum as required for an apprentice cosmetology license (1200 hours) in rule 21 NCAC 14 have been completed. (but was originally enrolled as a 1500 hour student)
	Course curriculum as required for a manicurist license (300 hours) in rule 21 NCAC 14 have been completed.
	Course curriculum as required for an esthetician license (600 hours) in rule 21 NCAC 14 have been completed.
	Course curriculum as required for natural hair care specialist license (300 hours) in rule 21 NCAC 14 have been completed.
	Course curriculum for the teacher training course as required for a teacher license in rule 21 NCAC 14 have been completed.

**(School Seal)**

I, certify that I have given true, accurate and complete information on this form.

\_\_\_\_\_  
 (Print Owner/Director Name)

\_\_\_\_\_  
 Owner/Director Signature



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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 convinced 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: \_\_\_\_\_



# Sherrill's University

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## STUDENT ASSESSMENT SHEET

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

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

<b>SPECIAL SKILLS</b> 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:				