

**Licensed  
Cosmetology  
2021-2022**



**Cape May County Technical School  
188 Crest Haven Rd  
Cape May Court House, NJ 08210  
[www.capemaytech.com](http://www.capemaytech.com)**

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## Important Contact Information:

Kathleen Rickards, Adult Post-Secondary Programs  
Email: [krickards@capemaytech.com](mailto:krickards@capemaytech.com)  
Ph. 609-380-0243  
Fax 609-465-4962

Cape May County Technical Schools Website: [www.capemaytech.com](http://www.capemaytech.com)

Cape May County Technical School District  
188 Crest Haven Road  
Cape May Court House, NJ 08210

## Eligibility

- Must be at least 18 years of age
- Must possess a High School diploma or its equivalent from an approved/accredited high school. Foreign transcripts must be evaluated and translated.
- Must take and pass the pre-entrance CASAS exam

## General Program Information

- Cosmetology/Hairstyling (10 month program); Monday – Thursday 1:30pm – 9:30pm
- Post-Secondary Level  
Accredited by N.J. Department of Education, Office of Career Readiness
- Includes Academic-Clinical Experience
- Certified Teacher(s)
- Upon successful completion of the program the Student earns a diploma from Cape May County Technical Schools.

# Cosmetology/Hairstyling Student Registration Checklist

## Step 1 Eligibility

- 18 years of age or older (by October 15, 2021)
- High School Diploma or its equivalent (special instructions regarding foreign credentials provided in packet)
- Register, take and pass the CASAS test
- Contact One Stop Career Center (if applicable, information enclosed)

## Step 2 Conditional Acceptance

Data Sheet/Application (provided in packet)

- Affidavit of Residence for Cape May County (if applicable, in packet)
- Copy of HS Diploma or its equivalent
- Copy of Birth Certificate
- Copy of Signed Social Security Card
- Copy of Name change documentation (if applicable)
- Copy of Permanent Residence Card/Naturalization No. (if applicable)
- Signed Tuition Contract (provided in packet)
- Criminal Background check form (provided in packet.) The background check is conducted by the District and included in tuition.

## Step 3 Final Acceptance:

- Physical form 3 pages (provided in packet)
- Tuition Deposit
- If out-of-county resident, forms are complete.
- Criminal background check is clear

## Step 4 First week of School

- Handbook Review
- Signature pages (1<sup>st</sup> week handouts)



MILITARY SERVICE & DATES

WORK EXPERIENCE

Employed  
Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ or Unemployed \_\_\_\_\_

Employer / City / Phone	Employment Dates	Position
1. _____	_____	_____
2. _____	_____	_____

Do you plan to work while attending this program? Yes \_\_\_\_\_ No \_\_\_\_\_ Hrs/Week \_\_\_\_\_ Days/Week \_\_\_\_\_

PROFESSIONAL REFERENCES

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SURVEY QUESTIONS:

Please complete the following information to allow us to provide information as requested to the Dept. of Education for Perkins Post Secondary State Funding or other state/federal departments for funding or statistical purposes.

Your assistance is appreciated, as it will help us to provide the most accurate statistical information, but disclosure is voluntary.

- Did you have an IEP (Individual Education Plan) on file in High School?      Yes \_\_\_\_\_      No \_\_\_\_\_
- Do you have a documented disability?      Yes \_\_\_\_\_      No \_\_\_\_\_
- Are you a recent immigrant?      Yes \_\_\_\_\_      No \_\_\_\_\_
- Do you have a limited proficiency in English?      Yes \_\_\_\_\_      No \_\_\_\_\_
- Are you a displaced homemaker seeking employment training?      Yes \_\_\_\_\_      No \_\_\_\_\_
- Are you currently homeless?      Yes \_\_\_\_\_      No \_\_\_\_\_
- Are you a single parent?      Yes \_\_\_\_\_      No \_\_\_\_\_
- Economically Disadvantaged (receive special services or assistance)?      Yes \_\_\_\_\_      No \_\_\_\_\_
- Are you living with a military parent?      Yes \_\_\_\_\_      No \_\_\_\_\_
- Are you in or aged out of foster care?      Yes \_\_\_\_\_      No \_\_\_\_\_

Household size \_\_\_\_\_

I certified that the statements and data I provided in this application are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Affidavit of Residence**

I, \_\_\_\_\_, hereby certify that I am currently a resident of Cape May County.

-Or-

I, \_\_\_\_\_, understand that as an out-of-county resident, registering in the program, I am responsible to pay the out-of-county tuition.\*\*\*

\*\*\*Out-of-county residents may be eligible for a chargeback from their county if their county does not offer the same program of study. A chargeback is when the county of residence covers the difference in tuition from the in-county tuition. It will be the responsibility of the student to contact their county for information. If their county requires documentation from our school district, we will provide that information.

I certify that all of the answers are correct and accurate.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Cape May County Technical School District  
188 Crest Haven Road  
Cape May Court House, NJ 08210  
(609) 380-0200 Fax 609-465-4962

**Adult/Post-Secondary Student Information**  
**Please Print**

Name: \_\_\_\_\_  
Last First MI Maiden Name

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Name of Program Enrolled In: \_\_\_\_\_

Health Insurance  
Subscriber Name: \_\_\_\_\_ Name of Plan: \_\_\_\_\_ Plan Id#: \_\_\_\_\_

**Person To Notify In Case of Emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone(s): \_\_\_\_\_

**Family Physician and Health Information**

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Indicate here any information we can share with the emergency medical personnel (E.M.T., Hospital) in the event of an emergency:

Health Conditions: \_\_\_\_\_

Medications you are currently taking: \_\_\_\_\_

ALLERGIES: Medications (list) \_\_\_\_\_ Food (list): \_\_\_\_\_

Latex Allergy: **YES** NO Insects Allergy (Indicate which ones): \_\_\_\_\_

Do you require emergency medication if exposed to the above allergen (circle)? NO YES

If Yes, medication name/dose/route (ie. Epinephrine auto injector 0.3 mg injection):

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_



Cape May County Technical School District - Adult/Post-Secondary Applicant Health History  
Medical History: (To be completed by student)

Name: \_\_\_\_\_ Name of Program Enrolled In: \_\_\_\_\_  
Last First MI

Medical History

	YES	NO	
Headaches, fainting spells or dizziness?	___	___	_____
Vision difficulties or eye trouble, color deficient	___	___	_____
Frequent respiratory symptoms?(colds, pneumonia, etc.)	___	___	_____
Asthma, reactive airway or other lung conditions?	___	___	_____
Do you have or ever been treated for tuberculosis	___	___	_____
Ear or hearing difficulties?	___	___	_____
Blood diseases, anemia?	___	___	_____
Diabetes?	___	___	_____
Hypertension or hypotension? (high or low blood pressure)	___	___	_____
Heart disease?	___	___	_____
Circulation problems? (Varicose veins, etc.)	___	___	_____
Hernia?	___	___	_____
Orthopedic conditions or back pain?	___	___	_____
Arthritis?	___	___	_____
Painful or swollen joints, muscles, bursitis, neuritis, etc.	___	___	_____
Muscular weakness or condition?	___	___	_____
Gastrointestinal disorder or condition?	___	___	_____
Jaundice or hepatitis?	___	___	_____
Genitourinary problems? (kidney stones, bladder problems)	___	___	_____
Neurological conditions? (seizures, etc.)	___	___	_____
Mental/Nervous conditions?	___	___	_____
Operations?	___	___	_____
Any other conditions?	___	___	_____
Do you use:			
Hearing aides	___	___	which ear(s) _____
Glasses	___	___	_____
Contact lenses	___	___	hard or soft? _____
Other adaptive devices	___	___	_____
Physical limitations the school should be aware of	___	___	_____
Are you under the care of a physician?	___	___	_____
Do you take any medications?	___	___	Name of medication(s): _____

I attest that the above information is true and accurate:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information to be completed by Licensed Physician, Physician Assistant or Advanced Nurse Practitioner.**

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
General Appearance	_____	_____	_____
Eyes Vision R 20/____ L 20/____	_____	_____	_____
Ears	_____	_____	_____
Throat/Mouth/Dental	_____	_____	_____
Nose/Sinuses	_____	_____	_____
Lungs/Chest	_____	_____	_____
Heart	_____	_____	_____
Vascular System	_____	_____	_____
Abdomen	_____	_____	_____
Upper Extremities	_____	_____	_____
Lower Extremities	_____	_____	_____
Spine	_____	_____	_____
Skin	_____	_____	_____
Neurological	_____	_____	_____
Psychiatric/Mental Illness	_____	_____	_____
Menses	_____	_____	_____

Current Medications: \_\_\_\_\_

Health History and Present Health Conditions: \_\_\_\_\_

Operations/Accidents/Injuries: \_\_\_\_\_

**Tetanus/Diphtheria Toxoid (Required within last 10 years):** \_\_\_\_/\_\_\_\_/\_\_\_\_ Type (circle one): Td or Tdap  
*Health Care and Childcare Students: At least one **tdap** must be given in adulthood followed with 10 year td booster.*

Is applicant's health condition sufficient to endure the physical demands of the program specified on page two (2)?  
 \_\_\_\_ Yes      \_\_\_\_ No: Explain any limitations the applicant has: \_\_\_\_\_

Is applicant mentally and emotionally in condition to participate in the program designated on page two (2)?  
 \_\_\_\_ Yes      \_\_\_\_ No: Explain: \_\_\_\_\_

Is applicant free from any evidence of infectious, contagious or communicable disease which could reasonably be expected to be transmitted during the course of rendering services in the specified program?  
 \_\_\_\_ Yes      \_\_\_\_ No: Explain: \_\_\_\_\_

PHYSICIAN'S NAME PRINTED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_



**Cape May County Technical School**  
**188 Cape May Court House, NJ 08210**  
**Disclosure and Authorization Release Form**

**Applicant's Full Name:** \_\_\_\_\_  
Last First Middle Suffix (Sr., Jr.)

**Phone #** \_\_\_\_\_

**Previous Name Used:** \_\_\_\_\_  
Last First Middle Suffix (Sr., Jr.)

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_  
(For Verification Only) Month Day Year

**Current Address:** \_\_\_\_\_  
Street Address (Apt.)  
City State Zip Code County

**Previous Address:** \_\_\_\_\_  
Street Address (Apt.)  
City State Zip Code County

By signing below I authorize Trionaid Associated, Inc. (TAI) and its agents to obtain a Consumer/Investigative Consumer Report on me as part of its pre-employment background investigation process for employment purposes. I understand that this report may include, but is not limited to records containing criminal, credit and driving history information, drug testing, work history and verification of academic and or professional credentials. If I am offered employment, I further authorize my employer to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment. I hereby release and discharge TAI, its affiliates, and its agents from any liabilities, expenses, losses, damages for this investigative process to include the accuracy or timeliness of information obtained from other sources.

I also acknowledge that my potential employer has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

I certify that the information provided is true and complete. Any false statement on this form, the application, and/or on my resume shall be considered sufficient cause for termination at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notice to California, Minnesota and Maine Residents only:**

Upon request a free copy of the Consumer/ Investigative Consumer Report obtained as a result of this request will be provided.

**Please initial:** \_\_\_\_\_ **Yes I want a copy.** \_\_\_\_\_ **No I do not want a copy.**

**New York Applicants:** Under Article 25 Section 380-c (b) (2) of the New York General Business Law, you have the right, upon written request, to be informed of whether or not an investigative consumer report was requested.

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of criminal offences.

**Please initial:** \_\_\_\_\_ **I acknowledge receipt of Article 23-A of the New York Correction Law.**



188 Crest Haven Road, Cape May Court House, NJ 08210 (609) 380-0200 Fax: 609-465-4399

Nancy M. Hudanich, Superintendent  
Nancy Wheeler Driscoll, Director of Curriculum & Instruction and Adult & Community Education

Student Name \_\_\_\_\_

**Cosmetology Agreement  
September 7, 2021 through June 15, 2022**

**Tuition Payment Schedule**

Due Date	Cape May County Tuition	Out-Of-County Tuition
August 1, 2021	\$900.00	\$1,150.00
September 1, 2021	\$550.00	\$800.00
October 1, 2021	\$550.00	\$800.00
November 1, 2021	\$550.00	\$800.00
December 1, 2021	\$550.00	\$800.00
January 1, 2022	\$550.00	\$800.00
February 1, 2022	\$550.00	\$800.00
March 1, 2022	\$550.00	\$800.00
<b>Total Due</b>	<b>\$4,750.00</b>	<b>\$6,750.00</b>

I understand that this agreement is not binding until three (3) business days after notification of acceptance.

**I am responsible for all tuition costs as listed above, reduced by any financial support agencies might pay on behalf.**

I understand and agree that tuition will be paid as prescribed in the tuition payment schedule. Personal checks, money orders and Mastercard, Visa and Discover debit/credit cards are accepted for tuition payment. Cash payments are not accepted.

The tuition stated above is guaranteed for the life of the contract. The tuition stated above is complete payment for program for which I am enrolled. There are no additional costs with the possible exception of field trips.

I understand that the total tuition and cost as outlined above includes emergency closings and holidays as posted in the Board of Education approved calendar, and agree that the above tuition will be paid in full according to the schedule.

In the event that I enter a training program and I withdraw or am dismissed prior to program completion, the Cape May County Technical School District will retain all tuition; and if a student is paying as per the tuition payment schedule, the student will be accountable for the tuition to be paid in full regardless of withdrawal date. If I have been granted a tuition sponsorship, I understand that if I withdrawal before completing the program I am responsible for the total balance of unpaid tuition, including balances remaining from the

Student Name \_\_\_\_\_

sponsoring agency. Students with outstanding tuition obligations will have their permanent record sealed until all obligations to the school are sufficed. In addition future requests for educational grants to any school may be denied due to tuition default and personal credit score may be affected.

Tuition may be refunded up to 100% if you officially drop prior to the first day of class; up to 90% (less distributed books/supply costs) of the tuition may be refunded if you officially drop during the first three days; up to 50% (less distributed books/supply costs) of the tuition may be refunded if you officially drop during days four through seven; and up to 25% (less distributed books/supply costs) of the tuition may be refunded if you officially drop during days eight through ten of class and you are obligated for the full tuition. Tuition will not be refunded if you drop after the tenth day of class and you are obligated for the full tuition. Note: books and supplies are not returnable and students are responsible for the cost once distributed regardless of the withdrawal date.

To be eligible for the above mentioned refunds, I understand that I must notify the Adult Education Office in writing of my intention to terminate attendance on or before time period applicable to the refund. The official date used will be receipt of the written notification by the Adult Education Office.

I certify that all the information provided by me as the applicant is true to the best of my knowledge.

I understand that applying for any financial assistance program does not relieve me of my tuition obligation to the school.

I, THE APPLICANT, HAVE READ THIS CONTRACT.

X \_\_\_\_\_ DATE \_\_\_\_\_

ACCEPTED BY CAPE MAY COUNTY TECHNICAL SCHOOL DISTRICT

SCHOOL OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

The Technical School District in the County of Cape May is an equal opportunity vocational educational system. We do not discriminate on the basis of race, color, creed, age, handicap, national or ethnic origin, marital status, affectional or sexual orientation, gender religion, disability or socioeconomic status in the administration of employment, contract practices, educational policies, student enrollment and admission policies, scholarship, loans, grants and other school administered programs.

**Cape May County Commons  
One Stop Offices  
3801 U.S. 9  
Rio Grande, NJ 08242**

## **Education and Training Grants**

Cape May County's Workforce Development program offers eligible residents from any County education and training grants. These training grants can off-set part of your tuition and, in some programs all of your tuition. Education and training opportunity grants are available for in-demand jobs such as:

Cosmetology  
Dental Assistant  
Practical Nursing  
Welding and more

The following are employment counselors from the Cape May County One Stop who can help you apply for the Education & Training Grant:

Alex Bruno  
[Alex.Bruno@dol.nj.gov](mailto:Alex.Bruno@dol.nj.gov)  
609-224-2027

Gwendolyn Jackson  
[Gwendolyn.Jackson@co.cape-may.nj.us](mailto:Gwendolyn.Jackson@co.cape-may.nj.us)  
609-224-2023

Jocelyn McNear  
[Jocelyn.McNear@dol.nj.gov](mailto:Jocelyn.McNear@dol.nj.gov)  
609-224-2024

## **ONE VERY IMPORTANT REQUIREMENT OF OUR ADMISSION POLICY IS:**

You must submit an “OFFICIAL” U.S. High School Diploma and/or transcript of your grades or its equivalent to the Adult Post Secondary office upon being conditionally accepted into the program. If you have completed high school in another country it is required that your credentials be “officially translated and evaluated” then submitted to the Adult Post Secondary office.

Here are some possible sources:

1. WES/World Education Services, Inc.  
PO Box 745, Old Chelsea Station  
New York, NY 10113-0745  
1-800-937-3895, ext. 316  
[www.wes.org](http://www.wes.org)
2. Globe Language Services  
319 Broadway  
New York, NY 10007  
1-212-227-1994  
[www.globelanguage.com](http://www.globelanguage.com)

## **DIRECTIONS TO THE CAPE MAY COUNTY TECHNICAL SCHOOLS**

\*\*Access is controlled and you will be required to enter via intercom security screening.

If traveling from the North: Take the Garden State Parkway South. Get off on Exit 11. Turn left onto Crest Haven Road. Stay on Crest Haven Road and follow all the way around until it brings you our school. Park in Lot C. Tozour Building only.

If traveling from the South: Take the Garden State Parkway North. Get off on Exit 11. Turn Right onto Crest Haven Road. Stay on Crest Haven Road and follow all the way around until it brings you to our school. Park in Lot C. Tozour Building only.

Note: If you are not familiar with the area, we suggest that you drive to the school prior to your test date. This will allow you to find the correct route for you and determine how much time you will need to arrive at the school on time.

Our address is  
188 Crest Haven Road  
Cape May Court House NJ 08210