Application for Enrollment

Name: _____
First Middle Last

Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Email: _____

Home Phone: _____ **Cell:** _____

Date of birth: _____ **Social Security Number:** _____

Sex: M F **Marital Status:** M S D W

Program: (please circle) Cosmetology Esthetics Student Instructor

If a transfer student, hours needed: _____ Previous school: _____

Start date: 10/23/17 1/15/18 3/12/18 5/7/18 7/9/18 9/10/18 11/5/18

Schedule:

☐ Full-time (34 Hrs a week)
Mon 8:30a-12:30p
Tue-Fri 8:30a-4:30p

☐ ¾ Time (28 Hrs a week)
Mon 8:30a-12:30p
Tue-Fri 8:30a-2:30p

☐ ½ Time (20 Hrs a week)
Mon 8:30a-12:30p
Tue-Fri 8:30a-12:30p

Education: High School diploma GED certificate Current high school student

Name of High School: _____

City: _____ Graduation Date (MM/DD/YY): _____

How did you hear about the school? _____

_____
Applicant Signature Date