



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 Operator Esthetician Instructor

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

Start date: 2/24/2020 4/6/2020 5/18/2020 6/29/2020 8/10/2020 9/21/2020 11/2/2020

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 _____