



STUDENT ENROLLMENT FORM

Please Print Clearly in Black Ink

Check Type of Course Enrollment	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Esthetics	<input type="checkbox"/> Nail Technician
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STUDENT INFORMATION

NAME	First	Middle	Last
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SOCIAL SECURITY NUMBER	____ / ____ / ____	DATE OF BIRTH	____ / ____ / ____
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SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	RACE: <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Oriental/Asian <input type="checkbox"/> Other
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CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH
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ADDRESS	Street	City	State	Zip Code
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Phone Number	Fax Number	Cell Number
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SCHOOL INFORMATION

SCHOOL NAME

ADDRESS	Street	City	State	Zip Code
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STUDENT'S DATE OF ENROLLMENT:	____ / ____ / ____	GRADE CURRENTLY IN:	
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The undersigned, in presenting the student enrollment form to the State Board of Cosmetology, affirms that he/she is the person named herein and that the information contained herein is true to the best of his/her knowledge.

Instructor's Signature	____ / ____ / ____ Date
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Student's Signature	____ / ____ / ____ Date
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This form is to be registered with the State Board of Cosmetology within fifteen (15) days of the date of enrollment. Include student contract, high school information: diploma or GED, and two (2) forms of identification (1) one being a state issued ID with a photo. Mail to the above address.