



# Application for Enrollment

Name: \_\_\_\_\_  
First Middle Last

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

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

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F Marital Status: M S D W

- Program:  Barber  Cosmetology Operator  Esthetician  Eyelash Extensionist  
 Manicurist  Manicurist/Esthetician  Cosmetology Crossover  
 Advanced Massage\*  Basic Massage\*  
\*Evening Only Classes

Daytime Schedule:  Full-Time (34 Hrs a week) Mon 8:30 am – 12:30 pm Tue – Fri 8:30 am - 4:30 pm  
 ¾ Time (28 Hrs a week) Mon 8:30 am – 12:30 pm Tue – Fri 8:30 am - 2:30 pm  
 ½ Time (20 Hrs a week) Mon 8:30 am – 12:30 pm Tue – Fri 8:30 am - 12:30 pm

Evening Schedule:  ¾ Time (28 Hrs a week) Mon – Fri 4:30 pm – 10:00 pm  
 ½ Time (20 Hrs a week) Mon – Fri 6:00 pm – 10:00 pm

If a transfer student, hours needed: \_\_\_\_\_ Previous school: \_\_\_\_\_  
\*Total Transformation Institute does not accept Massage Transfer Hours.

<b>Start Dates:</b>	06/05/2023	07/10/2023	08/07/2023	09/11/2023	10/16/2023	11/13/2023	12/18/2023
	01/15/2024	02/05/2024	03/06/2024	04/08/2024	05/06/2024	06/03/2024	07/01/2024

Education: High School diploma GED certificate Current high school student

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduation Date (MM/DD/YY): \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_

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