

Application for Enrollment

Name: _____
First Middle Last

Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Email: _____

Cell Phone: _____ Alternate Phone: _____

Date of Birth: _____ Marital Status: **M S D W**

Program: Barber Cosmetology Operator Esthetician Eyelash Extensionist
 Manicurist Manicurist/Esthetician Cosmetology Crossover

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

Evening Schedule: ¾ Time (28 Hrs a week) ½ Time (20 Hrs a week)
Mon – Wed 04:30 pm – 10:00 pm Mon – Fri
Thur – Fri 04:15 pm – 10:00 pm 6:00 pm – 10:00 pm

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

Start Dates:	05/06/2024	06/03/2024	07/01/2024	07/29/2024	08/26/2024	09/23/2024	10/21/2024
	11/18/2024	12/16/2024	01/13/2025	02/10/2025	03/10/2025	04/07/2025	05/05/2025
	06/02/2025	06/30/2025	07/28/2025	08/25/2025	09/22/2025	10/20/2025	11/17/2025

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 _____