

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**

Cosmetology Operator Barber Esthetician Manicurist Manicurist/Esthetician

*Hybrid-Cosmetology Operator *Hybrid-Barber *Hybrid-Esthetician *Hybrid-Manicurist *Hybrid-Manicurist/Esthetician

Eyelash Extensionist Operator Crossover

*Hybrid Program Schedules are limited to Full-Time and ¾ Time

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 – Wed 04:30 pm – 10:00 pm Thur – Fri 04:15 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: _____

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 _____