

TRENDSETTERS

SCHOOL OF COSMETOLOGY

— Enrollment Application —

How to Enroll:

1. Complete this Application.
2. Request your high school transcripts with graduation date.
3. Schedule an interview to tour the school and find out why we're different.
4. Sign an Enrollment Agreement contract and pay an Enrollment Fee of \$50.00.

First Name: _____ Middle Initial: _____ Last Name: _____

Preferred name for nametag (if different from above): _____

Social Security # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Current Age: _____ Cell Phone Provider: _____

* By providing email address, cell phone & cell phone carrier information, I am authorizing the school to contact me via these methods. _____ (Student Initials)

Course applying for: ☐ Cosmetology – 1500 clock hours ☐ Instructor – 600 clock hours

What month do you wish to begin classes? ☐ January ☐ April ☐ July ☐ October

How did you hear about us? _____

Race:

- | | |
|---|---|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Non Resident Alien |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Caucasian |

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Gender: ☐ Female ☐ Male

High School Grad Date: _____ If still in high school, what grade level are you currently in? _____

Education Level:

- | | |
|--|--|
| <input type="checkbox"/> HS Diploma | <input type="checkbox"/> Current HS Student |
| <input type="checkbox"/> HS Transcript | <input type="checkbox"/> Some Post Secondary |
| <input type="checkbox"/> GED | <input type="checkbox"/> Associates Degree |
| <input type="checkbox"/> College Grad | |

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Phone +573 335 9977 • Admissions Coordinator Email: tsenrollment@att.net • <http://www.trendsettersschool.com/>

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Drivers License/State ID #: _____ State of Drivers License/ID: _____ Veteran: ☐ Yes ☐ No

REFERENCES

Parent / Guardian / Reference 1

Reference 2

Name: _____

Name: _____

Address: _____

Address _____

City: _____ State: _____

City: _____ State: _____

Phone: (_____) _____ Zip: _____

Phone: (_____) _____ Zip: _____

Cell Phone: _____

Cell Phone: _____

In case of emergency, contact:

Name: _____

Phone (_____) _____

Relationship: _____

Do you have any health issues that could affect your training? If so, please explain:

By signing below, I certify that all statements in this application are complete and true:

STUDENT SIGNATURE _____

STUDENT PRINTED NAME _____

PARENT SIGNATURE (if under 18) _____

DATE: _____