



Student Enrollment Inquiry

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone #: _____ Work #: _____ Cell #: _____

Date of Birth: _____ Age: _____

Marital Status (circle one): Married Single Divorced Widowed Separated

Education: GED Diploma Other (please list): _____

Last Grade Completed: _____ High School Attended: _____

Course/Program of Interest (circle one): Cosmetology Esthetics Teacher Training

Projected Start Date: _____

How did you hear about us?: TV Web Billboard Friend Other _____

Have you ever enrolled in Cosmetology School?: Yes No Transfer Hours: _____

If so, what school?: _____

Location: _____

Did you complete?: Yes No If not, why? (please explain): _____

Are you interested in receiving Financial Aid?: Yes No

Have you ever been convicted of a felony offense?: Yes No

(If so, you are not eligible for any student aid under federal guidelines)

Why have you chosen Cosmetology / Esthetics as a profession? _____

Do you have any questions/concerns about this school/program that have not been answered? _____
