

Student Permit

PLEASE READ CAREFULLY: This form must be filed with the Cosmetology Section prior to the commencement of the student's training. A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Cosmetology Section's office.

Required Attachments: This form must be accompanied by one (1) copy of the student's contract; a copy of the student's driver's license or other form of identification verifying the student's age; proof of education; and a check or money order for the \$20.00 registration fee.

STUDENT INFORMATION: Print using blue or black ink.

1	Last Name		First Name (no nicknames)				Middle Name			
2	Maiden Name (if applicable)		3	List any other <u>last</u> name you have ever used						
4	Address Where You Receive Mail		Apt. #	City		County		State	Zip Code	
5	Address Where You Live		Apt. #	City		County		State	Zip Code	
6	Phone ()	Gender MALE FEMALE	Race (Circle One)	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native	
7	Marital Status	SSN	Date of Birth		Email Address (REQUIRED)					

ENROLLMENT INFORMATION

8	School Id	Name of Enrolling Beauty School				City				
9	Name of High School Attended				City/State/Country			Grade completed	Year	
10	Type of Cosmetology Training <u>CIRCLE ONE</u>		COSMETOLOGY		MANICURE		INSTRUCTOR		AESTHETICIAN	ELECTROLOGY
11	Schedule to attend <u>CIRCLE ONE</u>		REGULAR		VO-TECH				OTHER	
			FT	PT	AM 1	AM 2	PM 1	PM 2	NIGHT	
12	Date training to begin		13	Number of hours enrolling						

PREVIOUS ENROLLMENT INFORMATION

14	Have you ever attended Cosmetology School? YES NO		If yes, Name of previous School				City/State		
15	Type of Previous Training				16	Number of Hours Acquired			
17	Have you ever been licensed in any phase of Cosmetology? YES NO		If yes, what type of license?		Licensed in what State?			Is license current? YES NO	

I hereby give my permission to the school to release any information contained in my student file to a representative of the Cosmetology Section who is duly authorized to review my records. Further, I give my permission to the Cosmetology Section to release my examination results to the school for the purpose of documenting my performance on the state licensing examination administered by the Cosmetology Section.

STUDENT	Signature	Today's Date
SCHOOL REPRESENTATIVE	Signature	Today's Date

COSMETOLOGY SECTION USE ONLY

ID		PERMIT		RECEIPT		HS		MAT DATE	
-----------	--	---------------	--	----------------	--	-----------	--	-----------------	--