

Cosmetology Training Center

ENROLLMENT APPLICATION

NAME: _____ TELEPHONE: (____) _____

ADDRESS: _____

CITY: _____ Country: _____ STATE: _____ ZIP: : _____

PERMAMENT ADDRESS: _____

CITY: _____ Country: _____ STATE: _____ ZIP: : _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

Do you have a high school diploma? _____

High School from which you graduated: _____ Year: : _____

If you do not have a high school diploma, do you have a GED? _____ Year Acquired: : _____.

List all other post-high school training attended: _____

Would you like Cosmetology Training Center to assist you with financial aid: _____

Name of parent or legal guardian: _____

Address, if different than yours: _____

What was your major influence in choosing CTC:

word of mouth school rep. advertising friend counselor salon relative

other _____

Name of person(s) you know who are or have attended CTC: _____

References (name and address): 1. _____

2. _____

Date of class in which I am enrolling: _____

Course I will be taking: Cosmetology, Nail Technology

I hereby make application and enclose \$200.00 fee for registration for training at Cosmetology Training Center. Under present regulations the enrollment fee is not refundable after three business days from the date of signing contract.

(signature of student)

(parent if minor student)

(date)