

STUDENT ENROLLMENT FORM

(Please Print or Type in Black Ink)

Name of Student _____ Social Security # _____ - _____ - _____

Mailing Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ () Male () Female Phone # (____) _____

Enrollment Date _____ E-Mail: _____

Name of School _____ City _____

INFORMATION TO BE INCLUDED (Copies to be sent with this form to the Board)

- Copy of Certificate of Education _____
- Copy of Picture I.D. _____
- Copy of Social Security Card _____
- Copy of Lawful Presence _____
- Work History (Instructor Only) _____
- Copy of Hairstylist/Nail Tech License _____ (Wax Training only)

Course Information:

Do you have previous cosmetology or instructor training? () Yes () No If yes, name and address of the school you attended _____

If school was in another state, attach State Board Record. School transcripts or other school records will not be accepted.

Name during attendance, if different from your present name: _____

Course I am enrolling in:

- () Cosmetology Course () Hair Styling Course () Nail Technician Course
- () Esthetician Course () Refresher Course () Instructor Course
- () Wax Training Course (Nail Technician/Hairstylist)

The Wyoming State Board of Cosmetology may refuse to grant a license to any person who has at any time been found guilty of a felony. If you have ever had a felony conviction, you would so advise the school prior to starting classes. The Board will consider the nature and circumstances of the conviction and will determine if you will be allowed to take the State Board examination when you finish school. Failure to provide this information now could result in your completing the course, then not being permitted to apply for the Board exam and become licensed.

- () I have no previous felony convictions
- () I do have a pervious felony conviction and will release to the school and/or the Board of Cosmetology, all records they may need to consider. (Please provide current documentation)
- () Felony Status Information Received

Signature _____

School Representative

Signature _____

Student