



LOUISIANA STATE BOARD OF COSMETOLOGY  
**STUDENT ENROLLMENT APPLICATION**

**INSTRUCTIONS**

**THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS, AND THOSE SEEKING ADDITIONAL TRAINING. PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE (REFER TO BOXES AT RIGHT) ALONG WITH THIS COMPLETED APPLICATION.**

NEW	TRANSFER	ADDT'L TRAINING

- COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.
- PROOF OF EDUCATION (MUST HAVE COMPLETED 10<sup>TH</sup> GRADE OR EQUIVALENT) PHOTOCOPY OF DIPLOMA(S) OR TRANSCRIPT(S).
- TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2"x 2"
- \$10.00 ENROLLMENT FEE (FIRST "IN STATE" TRANSFER AT NO CHARGE)
- COPY OF SOCIAL SECURITY CARD

**TO BE COMPLETED BY APPLICANT**

1. NAME (LAST, FIRST, MI, MAIDEN)			2. SOCIAL SECURITY NUMBER		
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)					
4. DATE OF BIRTH		5. TELEPHONE NUMBER		6. EDUCATION	
MO	DAY	YEAR	CIRCLE LAST GRADE COMPLETED		7. YEAR LAST GRADE WAS COMPLETED
			8 9 10 11 12 GED ( )		
8. SCHOOL WHERE LAST GRADE WAS COMPLETED			9. SCHOOL ADDRESS (CITY AND STATE)		

**10. CHARACTER REFERENCES**

NAME	ADDRESS (STREET, CITY, STATE, ZIP)	(PHONE NUMBER)
a.		
b.		

**11. IF ANSWERS TO QUESTIONS 1 AND 2 ARE YES, PLEASE EXPLAIN**

HAVE YOU	1. EVER BEEN ENROLLED IN A LOUISIANA COSMETOLOGY SCHOOL? IF YES, ATTACH CERTIFICATION OF CONTRACTUAL FEES.	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
	2. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER OR MANICURIST IN LOUISIANA OR ELSEWHERE?	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

**12. EXPLANATION**

**I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING COSMETOLOGY SCHOOL**

13. COSMETOLOGY SCHOOL NAME			14. SCHOOL LICENSE NUMBER		
15. SCHOOL ADDRESS			16. TELEPHONE NUMBER		
17. FOR THE FOLLOWING COURSE			18. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY		
<input type="checkbox"/> COSMETOLOGY	<input type="checkbox"/> ESTHETICS	<input type="checkbox"/> FULL-TIME	SUNDAY		
<input type="checkbox"/> COSMETOLOGY INSTRUCTOR	<input type="checkbox"/> BRUSH UP	<input type="checkbox"/> PART-TIME	MONDAY	WEDNESDAY	FRIDAY
<input type="checkbox"/> MANICURIST	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> EVENING	TUESDAY	THURSDAY	SATURDAY

**19. I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTRERD WITH THE LOUISIANA STATE BOARD OF COSMETOLOGY AND I WILL BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE IN ACCORDANCE WITH LOUISIANA ADMINISTRATIVE CODE 46:XXXI.715.**

APPLICANT SIGNATURE ► \_\_\_\_\_

**TO BE COMPLETED BY COSMETOLOGY SCHOOL**

20. THE ABOVE NAMED APPLICANT HAS BEEN ACCEPTED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN CLASSES STARTING _____. I HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.	
NAME OF SCHOOL	
SIGNATURE OF OWNER OR REGISTRAR	