



### 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 should 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 you 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 previous 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