



128 Central Ave SE
LeMars, Ia. 51031

Application for Enrollment

STUDENT
PHOTO

DATE _____

NAME _____
(LAST) (FIRST) (MI)

HOME ADDRESS _____

HOME TELEPHONE NO. _____ CELL PHONE NO. _____
EMAIL ADDRESS: _____

ARE YOU RIGHT HANDED _____ or LEFT HANDED _____

IF MARRIED, FILL IN HUSBAND'S (WIFE'S) NAME AND OCCUPATION:

(NAME) (OCCUPATION)

PARENTS:

FATHER _____ MOTHER _____

ADDRESS _____ ADDRESS _____

OCCUPATION _____ OCCUPATION _____

NAME OF LAST SCHOOL ATTENDED:

EDUCATION LEVEL: _____ G.E.D _____ HIGH SCHOOL DIPLOMA _____ COLLEGE

SESSION DESIRED: FEBRUARY _____ NOVEMBER _____ JUNE _____ SEPTEMBER _____

ENCLOSED IS MY \$200, NON-REFUNDABLE, REGISTRATION FEE: _____
Attached a copy of my Goals / Essay 200 words or more on Why you chose Cosmetology or
Future Industry Goals

SIGNATURE OF APPLICANT