

STUDENT REGISTRATION AND INFORMATION FORM

COURSE:	COSMETOLOGY	ESIHEIICS	INSTRUCTOR	SIARI DAIE		
FIRST NAME		M.I.:	LAST NAME:			
DATE OF BIRTH:		AGE:	SS#:			
DRIVERS LICENSE #:	ENSE #: STATE:			EXP:		
STREET ADDRESS:						
CITY:	STATE:			ZIP:		
EMAIL:	PHONE:		E:	CELL PROVIDER:		
MERGENCY CONTACT: PHONE:			RELATIONSHIP:			
GENDER	FEMALE	MALE	NON-BINARY	TRANSGENDER	OTHER	
ARE YOU A UNITED STATES CITIZEN?			YES		NO	
I AU	THORIZE ROGERS ACADEMY O	F BEAUTY TO CONTACT	T ME VIA PHONE & EMAI	L. INI	TIAL	
		RACI	Ē			
	ALAS	SKAN NATIVE		NON-RESID	ENT ALIEN	
	AMEF	RICAN INDIAN		OTH	ER	
	ASIAN AFRICAN AMERICAN			PACIFIC IS	LANDER	
				CAUCA	SIAN	
	HISPANIC OR LATINO			PREFER NOT TO ANSWER		
ARE YOU A VETERAN?			YES	NO		
		MARITAL S	TATUS			
SINGLE	E M	ARRIED	DIVORCED		WIDOWED	
		EDUCAT	ION			
CURR	RENT HIGH SCHOOL STUDENT	GRADE LEVEL:		SOI	ME COLLEGE	
HIGH SCHOOL DIPLOMA YEAR:			ASSO	CIATES DEGREE		
HIGH SCHOOL TRANSCRIPT			ВАСН	ELORS DEGREE		
	GED		-			
HOW DID YOU	HEAR ABOUT US?		-			
COSMETOLOGI	ISTS: RIGHT HANDED	LEFT HAND	DED AESTHE	ETICIANS: SCRUB	TOP SIZE:	



PLEASE EXPLAIN WHY YOU WANT TO PURSUE A CAREER IN THE BEAUTY INDUSTRY: YOUR GOALS, MOTIVATIONS, TALENTS AND ASPIRATIONS FOR THE FUTURE.						
THE CAREER EDUCATION AT ROGERS ACADEMY OF BEAUTY IS DRIVEN BY POSITIVE OUTCOMES. WE ARE INTERESTED IN STUDENTS THAT POSSESS A HIGH LEVEL OF MOTIVATION, HAVE COGNITIVE INTERPERSONAL SKILLS AND PERSONAL RESPONSIBILITY. PLEASE EXPAIN HOW YOU MIGHT BE A GOOD FIT FOR OUR SCHOOL.						



	PARENT/GUARDIAN	F	REFERENCE 2
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:		STATE:	
ZIP:		ZIP:	
CELL PHONE:		CELL PHONE:	
	REFERENCE 3	F	REFERENCE 4
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:		STATE:	
ZIP:		ZIP:	
CELL PHONE:		CELL PHONE:	
STUDENT SIGN	NATURE		DATE
STUDENT PRINT	ED NAME		
PARENT/GUARDIAN (TIF UNDER 18)		DATE
COSIGNER SIG	NATURE		DATE