

Student Enrollment Form

PERSONAL INFORMATION

- FULL NAME
- DATE OF BIRTH
- ADDRESS
- PHONE NUMBER
- EMAIL ADDRESS

EMERGENCY CONTACT

- NAME
- RELATIONSHIP
- PHONE NUMBER

TRAINING INFORMATION

- COURSE/TRAINING ENROLLING IN (CHECKLIST OR DROPDOWN)
- PREFERRED TRAINING DATE(S)
- VIRTUAL OR IN-PERSON (IF APPLICABLE)

EDUCATION & EXPERIENCE (OPTIONAL, BUT HELPFUL)

- DO YOU HAVE PRIOR BEAUTY INDUSTRY EXPERIENCE? (YES/NO)
- IF YES, PLEASE DESCRIBE: _____

AGREEMENT & POLICIES

- ☐ I UNDERSTAND THAT ALL PAYMENTS ARE NON-REFUNDABLE.
- ☐ I ACKNOWLEDGE THAT COMPLETION OF THIS TRAINING DOES NOT GUARANTEE STATE LICENSING.
- ☐ I AGREE TO FOLLOW ALL SAFETY PROTOCOLS AND PROFESSIONAL CONDUCT STANDARDS.
- ☐ I CONSENT / DO NOT CONSENT (CIRCLE ONE) TO BEING PHOTOGRAPHED OR RECORDED FOR MARKETING PURPOSES.

SIGNATURE

- STUDENT SIGNATURE: _____
- DATE: _____