

Mitchell Cosmetology College, Inc.

Registration Form

Date: _____ Phone Number: _____

First Name _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Birthdate: _____ Marital Status: () Married () Single

High School: _____ Location: _____

Last Grade Completed: _____ Year Completed: _____ Degree Earned: _____

College Attended: _____ Location: _____

Last Grade Completed: _____ Year Completed: _____ Degree Earned: _____

Any previous cosmetology training? Y / N IF yes, # of Hours Completed: _____

Name of School: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code _____

Current or Most Recent Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code _____

Parent Names: _____ Phone: _____ Work: _____

Address: _____

City: _____ State: _____ Zip Code _____

In Case of Emergency Notify: _____ Phone: _____

Course of Study: () Cosmetology () Cosmetology Instructor

I plan to begin school on (Month/Day): _____

I agree to pay the Mitchell Cosmetology College a registration fee of: \$ _____

I agree to pay the Mitchell Cosmetology College tuition per month in the amount of: \$ _____

I understand that my registration fee is non-refundable:

Student Signature: _____

Guarantor: _____