

# *The Mitchell Cosmetology College*

## **Registration Form**

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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 ( ) Brush- Up

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

I agree to pay the Mitch Cosmetology College and enrollment fee of: \$ \_\_\_\_\_

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

I understand that my enrollment fee is non-refundable:

Student Signature: \_\_\_\_\_

Guarantor: \_\_\_\_\_