

Student Enrollment Form

(Please Print or Type in Black Ink)

Name of Student: _____ SSN# _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Number: _____ DOB _____ () Female () Male

Enrollment Date: _____ Email Address: _____

Name of School: True Colors Training Center City Sheridan State WY Zip 82801

INFORMATION TO BE INCLUDED (Copies to be sent with this form to State Board of Cosmetology)

_____ Certification of Education

_____ Work History (Instructor Only)

_____ Picture ID

_____ Hairstylist/Nail Tech License (Wax Training Only)

_____ Social Security Card

_____ Lawful Presence (Birth Certificate/Passport)

_____ Compass Test/Work Keys

COURSE INFORMATION

Do you have previous cosmetology or instructor training? () Yes () No

If yes, provide name and address of school: _____

If school was in another state, attach State Board Record. School transcripts or other school records WILL NOT be accepted.

Name during attendance, if different from your present name: _____

Course Registration(s)

() Cosmetology Course () Hairstylist Course () Instructor Course () Refresher Course

() Esthetician Course () Nail Technician Course () Waxing Course (Hairstylist/Nail Technician)

The Wyoming State Board of Cosmetology may refuse to grant a license to any person who has at any time been found guilty of a felony. If you have ever had a felony conviction, you would so advise the school prior to starting classes. The Board will consider the nature and circumstances of the conviction and will determine if you will be allowed to take the State Board examination when you finish school. Failure to provide this information now could result in your completing the course, then not being permitted to apply for the Board exam and become licensed.

() I have no previous felony convictions.

() I do have a previous felony conviction and will release to the school and/or the Board of Cosmetology any records they may need to consider. (Please provide current documentation)

Student Signature: _____

Date: _____

School Signature: _____

Date: _____