



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STUDENT ENROLLMENT APPLICATION

- SECONDARY**
 POST SECONDARY
 N/A

BOARD OF COSMETOLOGY AND BARBER EXAMINERS
3605 MISSOURI BLVD., P.O. BOX 1062
JEFFERSON CITY, MO 65102

INSTRUCTIONS

THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS, AND THOSE SEEKING ADDITIONAL TRAINING.

PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE ALONG WITH THIS COMPLETED APPLICATION.

1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.
2. PROOF OF EDUCATION (MUST HAVE SUCCESSFULLY COMPLETED 10TH GRADE OR EQUIVALENT WITH AT LEAST 10 HIGH SCHOOL CREDITS): PHOTOCOPY OF DIPLOMA(S), TRANSCRIPT(S), OR GED CERTIFICATION (SECONDARY AND NON-POST SECONDARY COSMETOLOGY STUDENTS ONLY). OR;
3. PROOF OF SUCCESSFUL COMPLETION OF A TWELFTH GRADE EDUCATION (DIPLOMA OR GENERAL EDUCATION DEVELOPMENT (GED) CERTIFICATE) (REQUIRED FOR POST SECONDARY STUDENTS)
4. TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2" X 2".
5. MEDICAL EXAM (BARBER ONLY).
6. \$25.00 ENROLLMENT FEE. (ALL FEES ARE NON-REFUNDABLE.)

TO BE COMPLETED BY APPLICANT

1. LEGAL NAME (FIRST, MIDDLE, LAST)		2. SOCIAL SECURITY NUMBER	
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			
4. DATE OF BIRTH	5. TELEPHONE NUMBER	6. EDUCATION (CHECK LAST GRATE COMPLETED) <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	7. YEAR LAST GRATE WAS COMPLETED
EMAIL ADDRESS		<input type="checkbox"/> (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.	
8. SCHOOL WHERE LAST GRADE WAS COMPLETED		9. SCHOOL ADDRESS (CITY AND STATE)	

10. CHARACTER REFERENCES - COSMETOLOGY ONLY

NAME	ADDRESS (STREET, CITY, STATE, ZIP)
A.	
B.	

11. **HAVE YOU**

1. EVER BEEN ENROLLED IN A MISSOURI COSMETOLOGY/BARBER SCHOOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. EVER BEEN AN APPRENTICE IN A MISSOURI COSMETOLOGY/BARBER SALON?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER, MANICURIST, ESTHETICIAN OR BARBER IN MISSOURI OR ELSEWHERE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TO BE COMPLETED BY COSMETOLOGY SCHOOL

11. THE ABOVE NAMED APPLICANT HAS APPLIED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING _____ OR UPON RECEIPT OF THE TRAINEE LICENSE, **WHICHEVER IS LATER**. WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.

I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING COSMETOLOGY SCHOOL

12. COSMETOLOGY SCHOOL NAME		13. SCHOOL LICENSE NUMBER	
14. SCHOOL ADDRESS		15. PHONE NUMBER	
16. FOR THE FOLLOWING INSTRUCTOR TRAINEE COURSE:		17. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY.	
<input type="checkbox"/> CLASS CA - HAIRDRESSING & MANICURING	<input type="checkbox"/> BARBER CROSSOVER	SUNDAY	
<input type="checkbox"/> CLASS CH - HAIRDRESSING	<input type="checkbox"/> BARBER	MONDAY	WEDNESDAY
<input type="checkbox"/> CLASS MO - MANICURIST	<input type="checkbox"/> COSMETOLOGY	TUESDAY	THURSDAY
<input type="checkbox"/> CLASS E - ESTHETICIAN			FRIDAY
			SATURDAY

THE FOLLOWING QUESTIONS MUST BE ANSWERED IN ORDER TO ENROLL IN A SCHOOL. FAILURE TO DO SO WILL CAUSE THE APPLICATION TO BE REJECTED AND DELAY PROCESSING.

IN THE LAST TEN (10) YEARS HAVE YOU BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN A CRIMINAL PROSECUTION IN THIS STATE, OR OF THE UNITED STATES, WHETHER OR NOT SENTENCE WAS IMPOSED?

YES NO

NOTE: THIS INCLUDES SUSPENDED IMPOSITION OF SENTENCE, SUSPENDED EXECUTION OF SENTENCE, MISDEMEANOR AND FELONY CONVICTIONS, AND ALCOHOL RELATED OFFENSES, I.E. DWI AND BAC. CHECK YES IF NOT PREVIOUSLY DISCLOSED TO THIS BOARD AND PROVIDE THE DATE OF THE CONVICTION AND/OR PLEADING, NATURE OF THE OFFENSE, COURT LOCATION, AND CASE NUMBER ON A SEPARATE SHEET.

CITIZENSHIP QUESTIONS

(A) ARE YOU A UNITED STATES CITIZEN OR OTHERWISE LAWFULLY PRESENT IN THE UNITED STATES?
IF YOU ANSWERED "NO" TO QUESTIONS (A) ABOVE, PLEASE PROVIDE A DETAILED EXPLANATION.

YES NO

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

**False statements are subject to criminal penalties and/or license discipline.
If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200
or e-mail income@dor.mo.gov.**

19. I HEREBY SWEAR AND AFFRIM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, I UNDERSTAND I MUST BE REGISTERED WITH THE MISSOURI STATE BOARD OF COSMETOLOGY AND I **WILL NOT BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE UNTIL I HAVE BEEN ISSUED AND THE SCHOOL RECEIVES MY TRAINEE LICENSE.**

APPLICANT SIGNATURE ► _____

20. NAME OF SCHOOL

22.

21. SIGNATURE OF OWNER OR REGISTRAR

DATE

SCHOOL
SEAL

OPTIONAL

I _____, (APPLICANT NAME), consent to the release by the Board of all previous **Notice of Termination/Contractual**

Fees forms to the above named school upon my enrollment.

SIGNATURE

DATE

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No
2. If yes, would you like to receive information and assistance regarding veterans benefits and services? Yes No
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? Yes No

General information may also be found at the Missouri Veterans Commission's website.

FOR OFFICE USE ONLY

START DATE	LICENSE EXPIRATION	CLASSIFICATION	EDUCATION DATE
LICENSE NUMBER	REVIEWER'S INITIALS	STAFF'S INITIALS	<input type="checkbox"/> N/A