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**School Name**

**Mississippi State Board of Cosmetology  
Student Enrollment**

**This application must be completed and signed by both student and instructor the sent the Mississippi State Board of Cosmetology, within 30 day of entrance into class along with proof of education (Rules and Regulations 301.1.A).**

Name of Student: \_\_\_\_\_  
First Name Middle Name Last Name

Student's Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City County State Zip Code

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Cosmetology School: \_\_\_\_\_

Date of Enrolment: \_\_\_\_\_ Entrance Date: \_\_\_\_\_

Program Enrolled: Cosmetology Manicuring Esthetician (circle one)

Full Time Student: \_\_\_\_\_ Day Student \_\_\_\_\_ or Night Student \_\_\_\_\_

Part Time Student: \_\_\_\_\_ Number of Hours Per Week: \_\_\_\_\_

**HIGH SCHOOL EDUCATION**

Name of High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Name shown on diploma: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, when and please explain: \_\_\_\_\_

Are you on probation? \_\_\_\_\_ Parole? \_\_\_\_\_ In case of conviction, student must forward with this form letters from school, probation or parole officer and community (upstanding citizen or minister), indicating that you should be allowed to enter the profession.

**THE BOARD WILL CONSIDER EACH REQUEST ON INDIVIDUAL BASIS.**

**WE CERTIFY UNDER PENALTY FO PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is Void if both signatures are not present.**