



# BOARD OF COSMETOLOGY

2515 Warren Ave., Suite 302  
Cheyenne, WY 82002  
307-777-3534

## STUDENT ENROLLMENT APPLICATION

Name of Student \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) Male ( ) Female Phone # (\_\_\_\_) \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Email \_\_\_\_\_

Name of School \_\_\_\_\_ City \_\_\_\_\_

### INFORMATION TO BE INCLUDED (Copies to be sent with this application to the Board office)

- \_\_\_\_\_ Copy of Certificate of Education
- \_\_\_\_\_ Copy of current state issued driver's license or ID card **and** social security card **or** birth certificate
- Or**
- \_\_\_\_\_ Copy of current U.S. passport **or** current permanent resident card
- \_\_\_\_\_ Work History (Instructor Only)
- \_\_\_\_\_ Copy of Hairstylist/Nail Tech License (Hair Removal Course only)

### Course Information:

Do you have previous cosmetology or instructor training? ( ) Yes ( ) No If yes, name and address of the school you attended

\_\_\_\_\_

➤ If school was in another state, please attach State Board Record or Original Final Course Record from School

Name during attendance, if different from your present name: \_\_\_\_\_

Course I am enrolling in:

- ( ) Cosmetology Course ( ) Hair Styling Course ( ) Nail Technician Course
- ( ) Esthetician Course ( ) Refresher Course ( ) Instructor Course
- ( ) Hair Removal Course (Nail Technician/Hairstylist)

If you have a felony conviction, you are advised to tell the school prior to starting classes. The Board will consider the nature and circumstances and will determine if you will be allowed to take the State Board examination when you finish school.

- ( ) 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 all records needed.
- ( ) Felony status information already submitted to the Board office.

If requested the Board of Cosmetology has my consent to send examination results to the school in which I am enrolling.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Representative

\_\_\_\_\_  
Date