

Enrollment Application
Trend Setters School of Cosmetology

Address: 835 Kingshighway, Cape Girardeau, MO 63703 Phone: 573.335.9977

Email: tsadmissions@att.net Website: www.trendsettersschool.com

HOW TO APPLY –

1. Complete this application and return it. **Request your high school and post-high school transcripts be sent to Trend Setters.** There is no fee to apply.
2. Contact Trend Setters to schedule a career planning session. Learn about our points of difference.
3. Sign your enrollment agreement and pay your enrollment fee.

GENERAL INFORMATION Please print or type.

Course of study: ___Cosmetology ___Instructor

Name _____
First Middle Last

Address _____
Number & Street City State Zip

Home Number (____) _____ Work Number (____) _____

Cell Phone Number (____) _____ Fax Number (____) _____

Email address _____

Birth date ___/___/___ Birthplace _____ Sex ___M___F Social Security # _____

Citizenship: ___ U.S. ___ Other Veteran: ___ Yes ___ No Allergies? (List) _____

In case of emergency notify:

Name address phone

Parent Contact #1:

Name address phone

Parent Contact #2:

Name address phone

Personal Reference (not employer or relative):

Name address phone

EDUCATION: Trend Setters requires a high school diploma or G.E.D.

High School _____ City, State _____

Year Graduated _____ Grade Average _____

List all training/college attended since high school. Add pages as needed.

School _____ City, State _____ Major/Course _____

Graduation Date _____ Grade Average _____ Honors _____

EMPLOYMENT HISTORY: Add pages as needed.

Employer _____ Address _____ Phone _____

Position _____ Start Date _____ End Date _____ Salary _____

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QUESTIONS:

How did you hear about Trend Setters? _____

Why do you want to enter this career? _____

Do we have permission to text message you? _____

Select your starting date.

Cosmetology: 2011 Classes

____January ____March ____May ____July ____September ____November

Instructor: scheduled as needed

Have you ever been convicted of a felony? _____

Do you need any of the following while you attend school? Check all that apply.

____financial assistance ____transportation ____part-time work ____housing

Do you have any health issues that could impact your training? (explain)

I certify that all statements made in this application are complete and true.

Signature _____ Date _____