

# TRENDSETTERS SCHOOL

— Enrollment Application —

## How to Enroll:

1. Complete this Application.
2. Request your high school transcripts with graduation date.
3. Schedule an interview to tour the school and find out why we're different.
4. Sign an Enrollment Agreement contract and pay a Registration Fee of \$50.00.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred name for nametag (if different from above): \_\_\_\_\_

Social Security # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

\* By providing email address, cell phone & cell phone carrier information, I am authorizing the school to contact me via these methods. \_\_\_\_\_ (Student Initials)

Course applying for:  Cosmetology (1500 hrs)  Barbering (1000 hrs)  Instructor (600 hrs)  Crossover (45 hrs)

What month do you wish to begin classes? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Race:

- |   |   |
|---|---|
| <input type="checkbox"/> Alaskan Native   | <input type="checkbox"/> Non Resident Alien |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Pacific Islander   |
| <input type="checkbox"/> African American | <input type="checkbox"/> Unknown            |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Caucasian          |

Marital Status:  Single  Married  Divorced  Widowed Gender:  Female  Male

High School Grad Date: \_\_\_\_\_ If still in high school, what grade level are you currently in? \_\_\_\_\_

## Education Level:

- |  |  |
|--|--|
| <input type="checkbox"/> HS Diploma    | <input type="checkbox"/> Current HS Student  |
| <input type="checkbox"/> HS Transcript | <input type="checkbox"/> Some Post Secondary |
| <input type="checkbox"/> GED           | <input type="checkbox"/> Associates Degree   |
| <input type="checkbox"/> College Grad  |  |

Drivers License/State ID #: \_\_\_\_\_ State of Drivers License/ID: \_\_\_\_\_ Veteran:  Yes  No

835 South Kingshighway • Cape Girardeau, Missouri • 63703

Phone +573 335-0007 • Admissions Coordinator Email: [tscrollment@att.net](mailto:tscrollment@att.net) • <http://www.trendsettersschool.com/>

**REFERENCES**

**Parent / Guardian / Reference 1**

**Reference 2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**In case of emergency, contact:**

Name: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Do you have any health issues that could affect your training? If so, please explain:**

*By signing below, I certify that all statements in this application are complete and true:*

**STUDENT SIGNATURE** \_\_\_\_\_

**STUDENT PRINTED NAME** \_\_\_\_\_

**PARENT SIGNATURE (if under 18)** \_\_\_\_\_

**DATE:** \_\_\_\_\_