

# 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  |  |

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

The following question must be answered in order to enroll in a school, failure to do so may cause the application to be rejected and delay processing.

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 and provide the date of the conviction and/or pleading, nature of the offense, court location, and case number on a separate sheet.

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