



## STUDENT REGISTRATION AND INFORMATION FORM

**COURSE:** COSMETOLOGY ESTHETICS INSTRUCTOR **START DATE:** \_\_\_\_\_

FIRST NAME \_\_\_\_\_ M.I.: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SS#: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ PROVIDER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**GENDER** FEMALE MALE NON-BINARY TRANSGENDER OTHER

**ARE YOU A UNITED STATES CITIZEN?** YES NO

**I AUTHORIZE ROGERS ACADEMY OF BEAUTY TO CONTACT ME VIA PHONE & EMAIL.** INITIAL \_\_\_\_\_

### RACE

_____	ALASKAN NATIVE	_____	NON-RESIDENT ALIEN
_____	AMERICAN INDIAN	_____	OTHER
_____	ASIAN	_____	PACIFIC ISLANDER
_____	AFRICAN AMERICAN	_____	CAUCASIAN
_____	HISPANIC OR LATINO	_____	PREFER NOT TO ANSWER

**ARE YOU A VETERAN?** YES NO

### MARITAL STATUS

SINGLE MARRIED DIVORCED WIDOWED

### EDUCATION

_____	CURRENT HIGH SCHOOL STUDENT	GRADE LEVEL: _____	SOME COLLEGE
_____	HIGH SCHOOL DIPLOMA	YEAR: _____	ASSOCIATES DEGREE
_____	HIGH SCHOOL TRANSCRIPT	_____	BACHELORS DEGREE
_____	GED	_____	_____

### HOW DID YOU HEAR ABOUT US?

**COSMETOLOGISTS:** RIGHT HANDED LEFT HANDED **AESTHETICIANS:** SCRUB TOP SIZE: \_\_\_\_\_





PARENT/GUARDIAN

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

REFERENCE 2

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

REFERENCE 3

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

REFERENCE 4

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

STUDENT SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

STUDENT PRINTED NAME

\_\_\_\_\_

PARENT/GUARDIAN (IF UNDER 18)

\_\_\_\_\_

DATE

\_\_\_\_\_

COSIGNER SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_