



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: _____ CELL 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
