



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**POST SECONDARY STUDENT ENROLLMENT APPLICATION**

BOARD OF COSMETOLOGY AND  
 BARBER EXAMINERS  
 3605 MISSOURI BLVD., P.O. BOX 1062  
 JEFFERSON CITY, MO 65102

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**INSTRUCTIONS**

THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS, AND THOSE SEEKING ADDITIONAL TRAINING. PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE ALONG WITH THIS COMPLETED APPLICATION (REFER TO X-ED BOXES AT RIGHT).

1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.
2. PROOF OF SUCCESSFUL COMPLETION OF A TWELFTH GRADE EDUCATION (DIPLOMA OR GENERAL EDUCATIONAL DEVELOPMENT (GED) CERTIFICATE).
3. TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2" X 2".
4. MEDICAL EXAM (BARBER ONLY).
5. \$25.00 ENROLLMENT FEE.

**TO BE COMPLETED BY APPLICANT**

1. LEGAL NAME (FIRST, MIDDLE, LAST)	2. SOCIAL SECURITY NUMBER
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3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)
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4. DATE OF BIRTH	5. TELEPHONE NUMBER	6. EDUCATION	7. YEAR LAST GRADE WAS COMPLETED
MO. DAY YEAR		CHECK LAST GRADE COMPLETED <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED ( )	

EMAIL ADDRESS	<input type="checkbox"/> (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.
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8. SCHOOL WHERE LAST GRADE WAS COMPLETED	9. SCHOOL ADDRESS (CITY AND STATE)
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10. CHARACTER REFERENCES - COSMETOLOGY ONLY	
NAME	ADDRESS (STREET, CITY, STATE, ZIP)
a.	
b.	

<b>HAVE YOU</b>	1. EVER BEEN ENROLLED IN A MISSOURI COSMETOLOGY/BARBER SCHOOL?	YES	NO
	2. EVER BEEN AN APPRENTICE IN A MISSOURI COSMETOLOGY/BARBER SALON?	<input type="checkbox"/>	<input type="checkbox"/>
	3. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER, MANICURIST, ESTHETICIAN OR BARBER IN MISSOURI OR ELSEWHERE?	<input type="checkbox"/>	<input type="checkbox"/>

12. THE ABOVE-NAMED APPLICANT HAS BEEN ACCEPTED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING \_\_\_\_\_ OR UPON RECEIPT OF THE STUDENT LICENSE, **WHICHEVER IS LATER**. WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.

**I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING SCHOOL**

13. SCHOOL NAME	14. SCHOOL LICENSE NUMBER
15. SCHOOL ADDRESS	16. TELEPHONE NUMBER

17. FOR THE FOLLOWING COURSE	18. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY
<input type="checkbox"/> CLASS CA - HAIRDRESSING AND MANICURING      CROSSOVER	SUNDAY
<input type="checkbox"/> CLASS CH - HAIRDRESSING <input type="checkbox"/> BARBER	MONDAY
<input type="checkbox"/> CLASS MO - MANICURIST <input type="checkbox"/> BARBER <input type="checkbox"/> COSMETOLOGY	TUESDAY
<input type="checkbox"/> CLASS E - ESTHETICIAN	WEDNESDAY
	THURSDAY
	FRIDAY
	SATURDAY

THE FOLLOWING QUESTIONS MUST BE ANSWERED IN ORDER TO ENROLL IN A SCHOOL, FAILURE TO DO SO WILL 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 IF NOT PREVIOUSLY DISCLOSED TO THIS BOARD AND PROVIDE THE DATE OF THE CONVICTION AND/OR PLEAING, NATURE OF THE OFFENSE, COURT LOCATION, AND CASE NUMBER ON A SEPARATE SHEET.**

CITIZENSHIP QUESTIONS  
 (A) ARE YOU A UNITED STATES CITIZEN OR OTHERWISE LAWFULLY PRESENT IN THE UNITED STATES?  YES     NO  
 IF YOU ANSWERED "NO" TO QUESTIONS (A) ABOVE, PLEASE PROVIDE A DETAILED EXPLANATION.

Pursuant to Section 324.010 RSMo:

**CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

*False statements are subject to criminal penalties and/or license discipline.*

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200

Or e-mail income@dor.mo.gov.

19. I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE MISSOURI STATE BOARD OF COSMETOLOGY **AND I WILL NOT BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE UNTIL I HAVE BEEN ISSUED AND THE SCHOOL RECEIVES MY STUDENT LICENSE.**

APPLICANT SIGNATURE

20. NAME OF SCHOOL		22. SCHOOL SEAL
21. SIGNATURE OF OWNER OR REGISTRAR	DATE	

**OPTIONAL**

I \_\_\_\_\_, consent to the release by the Board of all previous **Notice of Termination/Contractual**

(APPLICANT NAME)

**Fees** forms to the above named school upon my enrollment.

SIGNATURE

DATE

**FOR OFFICE USE ONLY**

START DATE / /	LICENSE EXPIRATION DATE / /	CLASSIFICATION	EDUCATION DATE / / N/A <input type="checkbox"/>
LICENSE NUMBER		REVIEWER'S INITIALS	STAFF'S INITIALS