

CORINTH ACADEMY OF COSMETOLOGY, INC
Main Campus
509 Cruise Street, Corinth, MS 38834
Phone: (662) 286-9200 Fax: (662) 286-9011

TUPELO ACADEMY OF COSMETOLOGY
Additional Location
205 Commerce Street, Tupelo, MS 38804
Phone: (662) 840-3131 Fax: (662) 840-3122

PRE-ENROLLMENT APPLICATION

Name of Student: _____
First, Middle, Last Name

Mailing Address: _____

City, State, Zip Code County

Social Security Number: _____ Driver's License Number: _____

Home Number: _____ Mobile Number: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Email Address: _____

Name of High School or GED Test Center: _____

Date of Graduation: _____ Name shown on Diploma: _____

Program interested in: Cosmetology Manicurist Instructor Training

Check one: Full Time Student Part Time Student

Number of Hours per Week: _____

What month you are interested in beginning? _____

Can you read, write, and speak English? Yes No

Is this the first time you have enrolled in any Post-Secondary School? Yes No

How did you hear about the Academy? _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Are you on probation? Yes No Parole? Yes No In the case of conviction, student must forward with this form the following: a letter explaining conviction and details, a letter from school, a letter from probation or parole officer, and a letter from upstanding citizen of community or minister indicating that you should be allowed to enter the profession. **THE MISSISSIPPI STATE BOARD OF COSMETOLOGY WILL CONSIDER EACH REQUEST ON AN INDIVIDUAL BASIS; MUST BE APPROVED BEFORE ENROLLMENT.**

I certify that the above information is true and accurate.

Student Signature Date