

Student Permit

PLEASE READ CAREFULLY: This form must be filed with the Board prior to the commencement of the student's training. A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Board's office.

Required Attachments: This form must be accompanied by one (1) copy of the student's contract; a copy of the student's drivers license or other form of identification verifying the student's age; proof of education; and a check or money order for the \$20.00 registration fee.

STUDENT INFORMATION: Print using blue or black ink.

| | | | | | | | | | |
|----------|--------------------------------|-----------------------|---|-------|-------------------------------------|------------|-------------|----------|----------------|
| 1 | Last Name | | First Name (no nicknames) | | | | Middle Name | | |
| 2 | Maiden Name (if applicable) | | 3 List any other <u>last</u> name you have ever used | | | | | | |
| 4 | Address Where You Receive Mail | | Apt. # | City | | County | State | Zip Code | |
| 5 | Address Where You Live | | Apt. # | City | | County | State | Zip Code | |
| 6 | Phone () | Gender MALE FEMALE | Race (Circle One) | Black | White | Am. Indian | Hispanic | Asian | Alaskan Native |
| 7 | Marital Status | SSN | Date of Birth | | Place of Birth (City/State/Country) | | | | |

ENROLLMENT INFORMATION

| | | | | | | | | | |
|-----------|--|---------------------------------|-------------|---------------------------|------------|--------------|-----------------|-------|-------|
| 8 | School Id | Name of Enrolling Beauty School | | | City | | | | |
| 9 | Name of High School Attended | | | City/State/Country | | | Grade completed | Year | |
| 10 | Type of Cosmetology Training <u>CIRCLE ONE</u> | | COSMETOLOGY | MANICURE | INSTRUCTOR | AESTHETICIAN | ELECTROLOGY | | |
| 11 | Schedule to attend <u>CIRCLE ONE</u> | | REGULAR | | VO-TECH | | | OTHER | |
| | | | FT | PT | AM 1 | AM 2 | PM 1 | PM 2 | NIGHT |
| 12 | Date training to begin | | 13 | Number of hours enrolling | | | | | |

PREVIOUS ENROLLMENT INFORMATION

| | | | | | | | | |
|-----------|--|--|---------------------------------|--------------------------|-------------------------|--|---------------------|--|
| 14 | Have you ever attended Cosmetology School? | | If yes, Name of previous School | | | | City/State | |
| | YES NO | | | | | | | |
| 15 | Type of Previous Training | | 16 | Number of Hours Acquired | | | | |
| 17 | Have you ever been licensed in any phase of Cosmetology? | | If yes, what type of license? | | Licensed in what State? | | Is license current? | |
| | YES NO | | | | | | YES NO | |

I hereby give my permission to the school to release any information contained in my student file to a representative of the Board who is duly authorized to review my records. Further, I give my permission to the Arkansas State Board of Cosmetology to release my examination results to the school for the purpose of documenting my performance on the state licensing examination administered by the Board.

| | | |
|------------------------------|-----------|--------------|
| STUDENT | Signature | Today's Date |
| SCHOOL REPRESENTATIVE | Signature | Today's Date |

BOARD USE ONLY

| | | | | | | | | | |
|-----------|--|---------------|--|----------------|--|-----------|--|-----------------|--|
| ID | | PERMIT | | RECEIPT | | HS | | MAT DATE | |
|-----------|--|---------------|--|----------------|--|-----------|--|-----------------|--|