

**ESTHETICIAN**

**STUDENT CERTIFICATION OF RECEIPT**

|  |  |
| --- | --- |
| School Name / City |  |
| Enrollment Date | Start Date |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name | First | Middle | Last |
| Mailing Address | Street Address |
| City | State | Zip |
| Social Security Number |  |
| Telephone Number |  |
| **I understand that I must have no less than a twelfth (12th) grade education or its equivalent in order to be approved to take the examination for licensure to become a practitioner.** |

|  |  |
| --- | --- |
| I DO HEREBY CERTIFY THAT I HAVE RECEIVED EACH OF THE FOLLOWING UPON ENROLLMENT: | DATE RECEIVED |
| School Contract |  |
| School Rules and Regulations |  |
| Textbook (for the course program enrolled) |  |
| MS State Board of Cosmetology Rules and Regulations |  |
| Kit Containing the Minimum Equipment Required by the MS State Board of Cosmetology (Rule 5.17(a)) |  |

**I DO HEREBY CERTIFY BY MY SIGNATURE BELOW THAT ALL THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

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Student Signature Date

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Witness (School Agent or Instructor) Date