



STUDENT RE-ENROLLMENT FORM

| | | | | |
|--|-------------|-------------------|-------------|------------|
| School Name / City | | | | |
| Date of Enrollment | | Entrance Date: | | |
| Program Enrolled (please select one) | Cosmetology | Manicuring | Esthetician | Instructor |
| Full Time Student | | Part Time Student | | |
| Day Student | | Night Student | | |
| Number of Hours Per Week | | | | |
| This application must be completed and signed by both student and instructor and sent to the Mississippi State Board of Cosmetology, within 30 days of entrance into program along with proof of education (Rule § 5.16 A.1.a) | | | | |

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|---|----------------|---------------------|--------|
| Student Name | First | Middle | Last |
| Mailing Address | Street Address | | County |
| | City | State | Zip |
| Social Security Number | | Telephone Number | |
| Date of Birth | | Place of Birth | |
| High School Name | | | |
| Date of Graduation | | Name on Diploma | |
| PRIOR ENROLLMENT | | | |
| Have you ever been enrolled in any other Cosmetology school? | | | |
| If yes, list name of School | | | |
| Date of Entry | | Date of Termination | |
| Name under which you were last enrolled | | | |
| Have you ever been convicted of a felony? | | | |
| If yes, date and please explain: | | | |
| Are you on probation? | | Are you on parole? | |
| <p>In the case of conviction, student must forward with this form the following:</p> <ul style="list-style-type: none"> Letter Explaining Conviction and Details Letter from School Letter from Probation or Parole Officer Letter from Upstanding Citizen of Community or Minister <p>These letters should indicate that you should be allowed to enter the profession.</p> <p>THE BOARD WILL CONSIDER EACH REQUEST ON AN INDIVIDUAL BASIS. MUST BE APPROVED BEFORE ENROLLMENT.</p> | | | |

WE CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Student Signature

Instructor Signature

Date

Date