



STRAND COLLEGE OF HAIR DESIGN

APPLICATION FOR ENROLLMENT

NAME _____ DATE OF BIRTH _____ DATE _____

ADDRESS _____

EMAIL _____ TELEPHONE _____

IN WHICH COURSE DO YOU WISH TO ENROLL?

___ COSMETOLOGY* (1500 Hrs)

___ ESTHETICIAN (600 Hrs)

___ INSTRUCTOR (750 Hrs)

*If you selected cosmetology, are you **Left** or **Right** handed? (circle one)

DO YOU HAVE A LICENSE TO PRACTICE IN ANY STATE? __YES __NO If so, what state? _____

DO YOU HAVE PREVIOUS HOURS OF TRAINING AT ANY OTHER SCHOOL? __YES __NO If yes, how many? _____ Hrs

IF YES, PLEASE LIST NAME AND ADDRESS OF SCHOOL

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

IF YOU HAVE DECIDED TO ATTEND THIS SCHOOL, PLEASE TELL US WHY.

HAVE YOU EVER ATTENDED A POST SECONDARY SCHOOL? (POST SECONDARY IS ANYTHING AFTER HIGH SCHOOL)

__YES __NO

DO YOU SEEK FINANCIAL ASSISTANCE TO ATTEND SCHOOL? __YES __NO

HOW SOON DO YOU WISH TO BEGIN SCHOOL? _____

Every individual who applies for a cosmetology license undergoes a criminal background check with the South Carolina Department of Labor Licensing & Regulation to determine his or her eligibility for a license. Some crimes may prevent a student from earning a license. Contact the SC State Board of Cosmetology if this could be an issue pertaining to you.

Have your questions regarding tuition and fees, admissions, curriculum and state licensing requirements, financial assistance options for this school been answered to your satisfaction? __Yes __No If no please specify below.

APPLICANT SIGNATURE

DATE

PARENT

DATE