



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## STUDENT ENROLLMENT FORM

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**Instructions:** This form must be completed and submitted to the MSBCB within thirty (30) days of a student's program start date.

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**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Date of Enrollment:** \_\_\_\_\_

**Program Start Date:** \_\_\_\_\_

**Program Enrollment:**

Cosmetologist     Barber     Nail Technician     Esthetician     Instructor

Full Time     Part Time     Day Program     Night Program

**Total number of hours per week:** \_\_\_\_\_

**Student's Full Legal Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**School Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**