



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

STUDENT ENROLLMENT FORM

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

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:

MSBCB
PO Box 55689
Jackson, MS 39296

DOB: ____/____/____ **Social Security Number:** _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please complete a Fresh Start Act Consideration Request.

Student Signature

School Representative Signature

Date

Date