



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: _____ New Enrollment Brush Up

Program Start Date: _____ Transfer _____
(list original school and hours to be transferred)

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: _____

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