



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**STUDENT ENROLLMENT APPLICATION**

BOARD OF COSMETOLOGY AND  
 BARBER EXAMINERS  
 3605 MISSOURI BLVD., P.O. BOX 1062  
 JEFFERSON CITY, MO 65102

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**INSTRUCTIONS**

- THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS, AND THOSE SEEKING ADDITIONAL TRAINING. PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE ALONG WITH THIS COMPLETED APPLICATION (REFER TO X-ED BOXES AT RIGHT).
1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.
  2. PROOF OF EDUCATION (MUST HAVE SUCCESSFULLY COMPLETED 10TH GRADE OR EQUIVALENT WITH AT LEAST 10 HIGH SCHOOL CREDITS): PHOTOCOPY OF DIPLOMA(S), TRANSCRIPT(S), OR GED CERTIFICATION (COSMETOLOGY ONLY).
  3. TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2" X 2".
  4. MEDICAL EXAM (BARBER ONLY).
  5. \$25.00 ENROLLMENT FEE.

**TO BE COMPLETED BY APPLICANT**

1. NAME (FIRST, MIDDLE, LAST)			2. SOCIAL SECURITY NUMBER		
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)					
4. DATE OF BIRTH		5. TELEPHONE NUMBER		6. EDUCATION	
MO.	DAY	YEAR	CIRCLE LAST GRADE COMPLETED		
			8	9	10
			11	12	GED ( )
8. SCHOOL WHERE LAST GRADE WAS COMPLETED			9. SCHOOL ADDRESS (CITY AND STATE)		

**10. CHARACTER REFERENCES - COSMETOLOGY ONLY**

NAME	ADDRESS (STREET, CITY, STATE, ZIP)
a.	
b.	

11. IF ANSWERS TO QUESTIONS 1, 2, OR 3 ARE YES, PLEASE EXPLAIN.

<b>HAVE YOU</b>	1. EVER BEEN ENROLLED IN A MISSOURI COSMETOLOGY/BARBER SCHOOL?	YES	NO
	2. EVER BEEN AN APPRENTICE IN A MISSOURI COSMETOLOGY/BARBER SALON?	<input type="checkbox"/>	<input type="checkbox"/>
	3. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER, MANICURIST, ESTHETICIAN OR BARBER IN MISSOURI OR ELSEWHERE?	<input type="checkbox"/>	<input type="checkbox"/>

12. EXPLANATION

**I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING SCHOOL**

13. SCHOOL NAME		14. SCHOOL LICENSE NUMBER	
15. SCHOOL ADDRESS		16. TELEPHONE NUMBER	

17. FOR THE FOLLOWING COURSE		18. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY			
<input type="checkbox"/> CLASS CA - HAIRDRESSING AND MANICURING	<input type="checkbox"/> CROSSOVER	SUNDAY			
<input type="checkbox"/> CLASS CH - HAIRDRESSING	<input type="checkbox"/> BARBER	MONDAY		WEDNESDAY	FRIDAY
<input type="checkbox"/> CLASS MO - MANICURIST	<input type="checkbox"/> BARBER	TUESDAY		THURSDAY	SATURDAY
<input type="checkbox"/> CLASS E - ESTHETICIAN	<input type="checkbox"/> COSMETOLOGY				

THE FOLLOWING QUESTIONS MUST BE ANSWERED IN ORDER TO ENROLL IN A SCHOOL, FAILURE TO DO SO WILL CAUSE THE APPLICATION TO BE REJECTED AND DELAY PROCESSING.

IN THE LAST TEN (10) YEARS HAVE YOU BEEN ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN A CRIMINAL PROSECUTION UNDER THE LAWS OF THIS STATE OR ANY OTHER STATE OR OF THE UNITED STATES, WHETHER OR NOT SENTENCE WAS IMPOSED?

YES  NO IF YES, ATTACH A STATEMENT OF THE DETAILS OF SUCH ACTION ON A SEPARATE SHEET

**CITIZENSHIP QUESTIONS**

(A) ARE YOU A UNITED STATES CITIZEN OR OTHERWISE LAWFULLY PRESENT IN THE UNITED STATES?  YES  NO

IF YOU ANSWERED "NO" TO QUESTIONS (A) ABOVE, PLEASE PROVIDE A DETAILED EXPLANATION.

Pursuant to Section 324.010 RSMo:

**CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

*False statements are subject to criminal penalties and/or license discipline.*

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).**

19. I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE MISSOURI STATE BOARD OF COSMETOLOGY **AND I WILL NOT BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE UNTIL I HAVE BEEN ISSUED AND THE SCHOOL RECEIVES MY STUDENT LICENSE.**

APPLICANT SIGNATURE



**TO BE COMPLETED BY SCHOOL**

20. THE ABOVE-NAMED APPLICANT HAS BEEN ACCEPTED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING \_\_\_\_\_ OR UPON RECEIPT OF THE STUDENT LICENSE, **WHICHEVER IS LATER.** WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.

23.

21. NAME OF SCHOOL

SCHOOL  
SEAL

22. SIGNATURE OF OWNER OR REGISTRAR

DATE