



STUDENT REGISTRATION APPLICATION

Please include the items below:

- | | | |
|---|---|--|
| <input type="checkbox"/> \$25.00 Registration Fee | <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Recent Photograph |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Copy of Photo ID | <input type="checkbox"/> Certificate of Health from a Licensed Physician |

REGISTRATION TYPE	COURSE REGISTRATION	
<input type="checkbox"/> 1st Time Registration <input type="checkbox"/> Re-Enrollment <input type="checkbox"/> Transfer <input type="checkbox"/> Course Change	<input type="checkbox"/> Cosmetology <input type="checkbox"/> Nail Technology <input type="checkbox"/> Barber <input type="checkbox"/> Aesthetics <input type="checkbox"/> Waxing <input type="checkbox"/> Hair Styling	STUDENT START DATE <input type="text"/> SCHOOL NAME <input type="text"/>

STUDENT INFORMATION

SSN # DATE OF BIRTH

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS PHONE #

CITY ZIP CODE COUNTY OF RESIDENCE

EMAIL

APPLICANT NOTICE

*Certificate of Health must be a physical examination certification that is completed by a licensed physician (within the last 12 months), clearing the applicant to perform professional services on the general public.

*If you attained your high school diploma outside of the U.S. or if your training was completed from a barber/cosmetology school outside of the U.S., or if you completed a domestic online high school program, you MUST have your education evaluated by AEQUO International prior to submitting this application. For an application, please contact AEQUO International at 844.882.3786.

*If your first, middle, or last name differ on any documentation, you must submit proof of name change (copy of marriage certificate/license or an official court document).



The signatures below from the student and school manager/owner/administrator indicate that the student has enrolled during study referenced above and that the student has met the minimum requirements to enroll as a student in accordance to Chapter 30, Article 27 of West Virginia State Code. The signature of the school manager/owner/administrator affirms that the student will not commence studies without first obtaining a student registration as required by law.

Student Signature <input type="text"/>	Date Signed <input type="text"/>
School Authorized Signature <input type="text"/>	Date Signed <input type="text"/>

May 2018

This application contains Personally Identifiable Information (PII). The SSN number collected within this application is to manage your license account by effectively identifying your information and will not be shared with a third-party. The information collected on this application will be securely protected through the Board's server database. By submitting this application, I agree to the policy.