

DERMOLOGY COLLEGE OF AESTHETICS AND WELLNESS, LLC**REGISTRATION FORM****STUDENT INFORMATION:**
(PLEASE PRINT)

Permit Number

Name: _____
(please print FIRST & LAST)

Preferred Name: _____

TDL/ID: _____ SSN: _____ DOB: _____

Age: _____ T-Shirt Size: _____ Lab Coat Size: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Mobil: _____ Work: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Mobil: _____ Work: _____

EDUCATION (please attach copy of latest transcript):

High School: _____ Year Graduated _____

College/Undergrad: _____ Year Graduated _____

Vocational: _____ Year Graduated _____

PREVIOUS BEAUTY SCHOOL/TRANSFER STUDENT:

High School/Beauty School: _____

Curriculum: ☐ Aesthetics ☐ Cosmetology ☐ Barbering

Tutorials/Private Lessons:

Curriculum _____ Written _____ Practical _____

TDLR Hours: _____ DATE: _____

REGISTRATION FEES:

- ☐ Registration Fee \$100.00
- ☐ TDLR Permit Fee \$25.00 (Cashier's Check or Money Order payable to TDLR)
- ☐ Course Deposit Fee (10% of In-House Tuition Fee)