

**ARKANSAS DEPARTMENT OF HEALTH  
COSMETOLOGY DEPARTMENT  
4815 WEST MARKHAM, SLOT 8  
LITTLE ROCK, ARKANSAS 72205  
VOICE (501) 682-2168 – FAX (501) 682-5640**

**LICENSURE REQUIREMENTS FOR A NEW SCHOOL OF COSMETOLOGY**

Pursuant to your request, attached is an application packet for a new School of Cosmetology. Also enclosed is a copy of the Cosmetology Code (A.C.A. Sections 17-26-401 - 17-26-418) and a copy of the Department's Rules. Please contact our office if you have any questions about the requirements for licensure of a new School of Cosmetology.

**APPLICATION PACKET**

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## APPLICATION PACKET – NEW SCHOOL OF COSMETOLOGY

### **Cosmetology School requirements**

#### *Health and Safety Rules for Cosmetology Schools*

The Health and Safety Rules set forth in Department Rule 5.1 shall apply to all schools of cosmetology except where otherwise specified in Department Rules.

#### **7.1) Application**

Any person, firm or corporation desiring to conduct a school of cosmetology shall submit an application to the Department for approval.

#### **7.2) Application for New Private School**

A. Any person, firm or corporation seeking to open a new school of cosmetology shall submit an application to the Cosmetology Section's office and receive pre-approval from the Department. The application shall be accompanied by the following information:

1. A completed application provided by the Department and available on the Department's website at [www.healthyarkansas.com](http://www.healthyarkansas.com).
2. A detailed floor plan of the proposed school showing adequate floor space.
3. One certified financial statement.
4. List of proposed equipment of the school.
5. Personal Survey Form for Instructors shall be completed listing detailed information; such as the Instructor's education, previous work experience, etc.
6. Correspondence from the Planning and Zoning Department certifying that the area which the proposed school is to be located is properly zoned for this type of business.
7. A statement certifying that the owner(s) of the proposed school shall provide not less than fifteen-hundred (1500) hours of continuous training for all cosmetology students enrolled.
8. The owner shall file a statement designating the name and address of the person who is authorized to accept service of notice from the Department and to transact all business negotiations on behalf of the proposed school, including answers to citations and/or hearings, and compliance with rulings issued by the Department and/or CTAC.
9. The required registration fee.
10. Samples of all forms to be used in the school; such as attendance record, sign-in sheets, state inspector time sheets, contracts, releases, progress records, progress cards.
11. 25 student enrollment forms and all required supporting documentation.

### **7.3) Application for a New Cosmetology Program in a Public or State-Operated School**

A. Any public or state-operated school seeking to offer education in cosmetology or its related branches shall submit notice to the Cosmetology Section's office and receive pre-approval from the Department, as well as to the Arkansas Department of Higher Education or other governing body. The notice shall include the following information:

1. A completed application provided by the Department and available on the Department's website at [www.healthyarkansas.com](http://www.healthyarkansas.com).
2. Documentation that the school's administration or Department has given its approval for the cosmetology program to be offered at the school, as well as the school's commitment that there are sufficient financial resources to support the program.
3. Name and contact information for the designee at the school who will be responsible to the Department for ensuring the school complies with applicable statutes and rules.
4. A statement certifying the school will comply with all laws including applicable rules and regulations regarding qualified instructors and a school supervisor.
5. A statement certifying the required number of instructional hours of instruction will be provided to students for the appropriate program, as outlined in A.C.A. 17-26-304, 17-26-306, 17-26-307 and 17-26-410,
6. A detailed floor plan reflecting adequate floor space.
7. A list of equipment to be used for the program.
8. Personal Survey Form for Instructors shall be completed listing detailed information; such as the Instructor's education, previous work experience, etc.
9. Sample of all forms to be used in the school, such as attendance record, sign-in sheets, releases, progress records and progress cards.
10. 25 student enrollment forms and all required supporting documentation.

B. When the above information is provided in full, the Department will conduct the initial inspection described in Rule 7.7. When the school application and initial inspection meets all requirements, the Department will notify the applicant to proceed with school preparations pending the final inspection and licensing.

### ***Building Requirements 7.5***

- a) The school shall be of fireproof construction. All schools shall have a front and back entrance. No partitions will be permitted except for the specified spaces listed below.
- b) All schools must be separated from any other business with solid walls. Cosmetology establishments that are located in the same building shall be separated by solid physical barrier and shall have separate entrances.
- c) All schools shall have sufficient light fixtures and wiring which shall be approved by a licensed Electrician or City Inspector. Said Electrician or Inspector shall certify that wiring and fixtures are adequate for the

building size and purpose for which it is to be used.

- d) The school building shall be completely air conditioned and centrally heated.
- e) There shall be sufficient hot water supply and pressure and be approved as sufficient by a licensed Plumber.
- f) All re-located schools shall meet all physical requirements as for new school.
- g) All cosmetology schools shall be equipped to do and actually perform all services designated under Act 358 of 1955 as amended. The cosmetology school shall be approved by the Department as to space, light, ventilation, hygienic environment and equipment.
- h) Interior floor space shall be not less than twenty-five-hundred (2500) square feet of working area, including, restrooms, student lounge, hall and stairways, for a maximum of twenty-five (25) students.
- i) Student practical training area or clinic area shall contain not less than twelve-hundred (1200) square feet, open space, with no walls to obstruct the view of the Instructor. The clinic square footage requirements is for a maximum enrollment of twenty-five (25) students. Enrollment capacity in excess of twenty-five (25) students will be established by the square footage contained in the reception area and excess footage over the required twelve-hundred (1200) square footage in the clinic. Every fifty (50) square feet of space in the aforementioned area will increase the enrollment capacity by one.
- j) The clinic area shall contain: dresserets and chairs, shampoo bowls and chairs, dryers with chairs, manicuring tables with chairs, and facial chairs. Other equipment not used for the instruction of the practical work will not be permitted.
- k) A classroom is required and shall be not less than two-hundred-seventy-five (275) square feet. The classroom must be equipped with items conducive to promote a teaching and learning environment that accommodates both the instructor and students. Restroom entrances, outside entrances and vending machines shall not be in the classroom.
- l) Restrooms are required. Restrooms shall contain a commode and lavatory. Floors must be a washable surface. Pipes or any other projection that might create an unsanitary condition shall not be exposed.
- m) A reception area shall be required. The reception area shall contain a desk or counter and chairs for clients and other reception furnishings, such as tables or planters. This area shall not contain dryers or any other equipment used by the students in the practical work.
- n) A supply room will be required to keep all cleaning equipment, such as mops, brooms, scrub pails, etc.
- o) A dispensary room is required to store supplies used by students. All extra supplies, not being used, must be stored.
- p) Storage space shall be provides for students to store individual personal items.
- q) Space shall be provided for students and clients' coats.
- r) Office space shall be provided for student and school business records that contain equipment and furniture necessary to reasonably accommodate an administrative office.
- s) Canteen and lounge room will be provided as a refreshment canteen and lounge for students. All students shall eat in this room. Eating will not be permitted in any other area of the school.

## **7.6) Equipment**

- a. All equipment for new, existing and re-located schools shall be in good workable condition. The equipment shall be appropriately maintained in order to promote the health and safety of school employees, students and clients.
- b. An adequate supply of furnishings shall be maintained in the classroom to sufficiently accommodate the enrolled students.
- c. An adequate supply of working equipment for all cosmetology courses shall be maintained in the school to reasonably accommodate the clientele received in the school.
- d. Each school shall maintain a time clock to register student hours for reporting to the Department and a glass display case for student permits.
- e. All schools shall be inspected on a quarterly basis and recommendations for improvements will be mailed to the school owners when necessary. Violations will be addressed appropriately and as necessary.

## **7.7) Initial Inspection of a New or Re-located School**

After all required documentation and fees have been submitted and approved; the Department will conduct an initial inspection on all new or re-located schools for the purpose of determining:

- A. Suitability of proposed rooms, including adequacy of floor space; plumbing; ventilation; lighting, etc.
- B. Suitability of proposed layout.
- C. Suitability of proposed items of equipment and material.
- D. Satisfactory evidence of proper provisions for duly licensed instructors.

The findings of the initial inspection and the application with supporting documentation shall be submitted to the Department for its approval. If the Department approves the initial inspection, a final inspection shall be authorized and conducted by an inspector. The final inspection shall be conducted in order to determine that all information previously submitted to the Department on the "Personal Survey Form," the "Application" and the "Initial Inspection Report," such as the floor space; list of equipment on hand; and all other pertinent information, has been strictly adhered to by the owners or administrators of the proposed school.

No license will be issued to any new school until at least 25 student enrollment forms, supporting documents and enrollment fees have been submitted and at least 25 student permits have been issued.

## **(7.9) Registration Requirements**

**(A)** All students of Cosmetology, Manicuring, Electrology, Aesthetics, and Teacher Training shall be registered with the Department Board before accredited hours can be obtained. Registration prerequisites are as follows:

- (1)** Registration form (forms provided by the Department Board). The completed registration form must be received by the Department Board office before accredited hours can be obtained.
  - (a)** One (1) copy of the student/school contract (if applicable).
- (2)** A copy of the student's driver's license or other form of identification verifying the student's age.
- (3)** Proof of education:
  - (a)** Cosmetology, Aesthetics and Manicuring – completed a minimum of two (2) years of high school or its equivalent.
  - (b)** Electrology and Instructor – completed four (4) years of high school or its equivalent.

(c) Results from a test that is approved by the U.S. Department of Education to measure a student's ability to benefit (an "Ability-To-Benefit (ATB) test") may be used to determine a student's equivalency to the above.

**(4) Required registration fee.**

(B) Failure to comply with the above mentioned prerequisites will affect the matriculation date.

(C) All registration forms must state the student's full given name which is recorded on their birth certificate.

(1) If the student is married include the married name after their maiden name.

(2) If a student is married or divorced during the course of training a copy of the marriage certificate or divorce decree shall be submitted to the Department before the Board before records will be changed.

(D) In the event a student has a previous enrollment and his/her information is on file with the Department Board, the above information shall be condensed to a Re-enrollment or Transfer Form (provided by the Department Board), along with the required registration fee.

## **7.17) Responsibility of School**

### **A) Monthly Reports**

1. All schools are required to report to the Cosmetology Section office, by the tenth (10<sup>th</sup>) day of each month, all students currently enrolled in the school during the month. The monthly report shall reflect the number of hours acquired in the school during the month and the accumulated hours during the current enrollment.
2. The Cosmetology Section will notify the school when an error has been made on the monthly report. Upon receipt of this notification the school owner or instructor is required to check their records and appraise the Cosmetology Section office of the corrections made within the week.
3. All schools have thirty (30) calendar days from the submission date of the monthly report to report any errors in the hours submitted on the monthly report. Copies of the time cards and/or supporting documentation related to the error shall support corrections.
4. No changes to student hours will be made after the thirty (30) day timeframe without good cause.
5. No school owner or instructor shall ever refuse to submit a Certificate of Training form for a student, as well as a Balance Due on Tuition form, if applicable, pursuant to Rule 7.10 (D).

### **B) Daily Records and Inspection**

1. Every school shall keep a daily record of attendance on each student enrolled. A time clock shall be used for the purpose of recording hours.
2. Every school shall keep a daily record of the student's activity. The time the student has acquired in the various phases of cosmetology or its related branches shall be recorded on this record.
3. The school shall establish a grading system and hold examinations before issuing diplomas.

4. All necessary basic subjects, in accordance with the Department's curriculum shall be taught in the proper sequence and depth to prepare each student both for the licensing examination and for successful entry level work in the profession.
5. A course outline and daily lesson plans shall be used by the school. A course outline shall be provided to students so they will be apprised of the upcoming activities.
6. Schools shall be inspected to determine compliance with applicable licensing code and rules governing cosmetology schools and programs administered in a state or public-operated school. A school license will be issued upon receipt of a compliance inspection by a representative of the Department. During an inspection, the inspector may review the records maintained by the school; review the course outline and lesson plans and generally evaluate the operation of the school. School owners may contact the Department to discuss the recommendations and/or to request a hearing before the CTAC. Failure to comply with the licensing requirements will be grounds for disciplinary action and license denial.

#### **C) Tuition and Fees**

1. Every school shall fix its tuition at such an amount as will enable it to furnish without further charge to the student all supplies used on the public or on mannequins. Each student shall have access to a complete kit of tools, textbook and copies of the instructional materials used in each course.
2. The student shall not be permitted to remove the kit from the school until such time the student has completed his/her training or withdraws from school provided the student has purchased the kit from the school.

#### **D) School Catalog**

1. Every school shall set forth basic information about itself in a bound catalog which is kept up-to-date and made available to prospective students and the Department.
2. The catalog must include the following items as a minimum: name and address of school; date of publication; when the school was established; admission requirements; educational objectives of each program; length of course and course description; grading system; graduation requirements; type of document received upon graduation; refund policy; name(s) of owners and scholarship and fee waiver policies.
3. Either the catalog or a dated supplement to the catalog must include: total tuition for the course; books and supplies; registration fee or enrollment fee; charges for extra instruction; all other costs assessed to students; details, conditions, and methods of payment of monies owed to the school; school policies, rules and regulations; disciplinary action for failure to abide by policies or rules and regulations; and name of administrative staff and faculty of the school.

#### **E) School Rules and Regulations/Catalog**

1. Prior to adoption, amendment, or repeal of any rule or regulation or catalog, the school shall give notice of its intended action to the students enrolled in school. The notice shall include the following:
  - a. The effective date;
  - b. Whether the regulation(s) is new, repeals, or changes in an existing rule;
  - c. What the regulation(s) is.
2. After the students are given notice in the proper form all students enrolled in said school will be required to sign a document stating that they have been apprised of the intended action.

3. After the regulation(s) has been adopted by the school a supplement which contains the revisions shall be attached to all catalogs that the school has on hand.

#### **F) School Contracts**

School owners who require contracts as a prerequisite for enrollment will be required to file one (1) copy of the contract with the Department and provide a copy to the student. The contract must clearly outline the obligation of both the school and the student in accordance with the terms and conditions stipulated in the school catalog. All contracts must contain the following:

1. The name and address of the school.
2. The name and address of the applicant.
3. Course of Training – Total hours of instruction.
4. School Term- Stipulate full or part-time. Part-time must state the number of hours each day and days per week.
5. Schedule of Payments – State tuition and whether the tuition includes the cost of the kit and book. If the kit and book are not included in the tuition said items must be itemized. The down payment, balance of the contract and the monthly payments must be stated.
6. The school refund policy must be stated.
7. Acknowledgement that the student has received a copy of the school's rules and regulations and catalog.
8. Contracts of under aged student shall be signed by a parent or guardian. Parent or guardian signature is required for students under eighteen (18) years of age.

#### **G) Penalty**

Any school owner who fails to abide by the terms and conditions set out in the school catalog or contract or fails to comply with the procedures for adopting rules and regulations or who is capricious in enforcing school regulations will be subject to a disciplinary hearing before the CTAC pursuant to Rule No. 1.3 and 11. In the case of a Nationally Accredited School the Department will notify the proper officials of the disposition of the complaint.



ARKANSAS DEPARTMENT OF HEALTH  
 COSMETOLOGY SECTION  
 4815 WEST MARKHAM, SLOT 8  
 LITTLE ROCK, AR 72205  
 (501) 682-2168

**NEW SCHOOL APPLICATION**

***INSTRUCTIONS:*** File this application along with the \$1,500.00 fee to change the address of your location. Please see Rule No. 7.1 under the Department Rules for more information regarding opening a new school. Please print using BLUE or BLACK INK.

**SCHOOL INFORMATION**

<b>SCHOOL</b>			<b>TELEPHONE NUMBER</b>	
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PHYSICAL ADDRESS</b>	<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>COURSES OFFERED</b> (CIRCLE ALL THAT APPLY)	<b>COSMETOLOGY    MANICURE    AESTHETICIAN    INSTRUCTOR    ELECTROLOGY</b>			

**OWNER INFORMATION** - If Sole Proprietorship or Partnership list the name, mailing address, and phone number for the owner(s).

<b>OWNERSHIP INFORMATION</b> (CIRCLE ONE)	<b>SOLE PROPRIETORSHIP    PARTNERSHIP    CORPORATION</b>	
<b>SOLE PROPRIETORSHIP OR PARTNERSHIP</b>		<b>TELEPHONE NUMBER</b>
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>COUNTY</b>
<b>SOLE PROPRIETORSHIP OR PARTNERSHIP</b>		<b>TELEPHONE NUMBER</b>
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>COUNTY</b>

**CORPORATION INFORMATION** - If a Corporation, list the exact name of the Corporation, names, mailing address and phone number of the President, Secretary, and Agent of Service of the Corporation.

<b>NAME OF CORPORATION</b>	<b>TELEPHONE NUMBER</b>
<b>MAILING ADDRESS</b>	<b>STATE    ZIP CODE</b>
<b>PRESIDENT'S NAME and ADDRESS</b>	<b>TELEPHONE NUMBER</b>
<b>SECRETARY'S NAME and ADDRESS</b>	<b>TELEPHONE NUMBER</b>
<b>AGENT OF SERVICE NAME and ADDRESS</b>	<b>TELEPHONE NUMBER</b>

<b>OWNER'S SIGNATURE</b>	<b>TODAY'S DATE</b>
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**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**

<b>LICENSE NUMBER</b>		<b>RECEIPT NUMBER</b>		<b>DATE PROCESSED</b>	
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**ARKANSAS DEPARTMENT OF HEALTH  
COSMETOLOGY SECTION  
SCHOOL SUPERVISOR FORM**

- 1) Every Cosmetology school shall at all times be in charge of and under the immediate supervision of a School Supervisor.
- 2) A School Supervisor must be currently licensed as a cosmetology instructor.
- 3) A School Supervisor must have three (3) years experience in the licensed practice of cosmetology in a licensed cosmetological establishment or in the teaching of cosmetology in a licensed school of cosmetology or any combination of experience thereof.

-----  
**SUPERVISOR'S NAME** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**LICENSING RECORD:** Cosmetologist: \_\_\_\_\_ years, from \_\_\_\_\_ to \_\_\_\_\_ Lic ID# \_\_\_\_\_  
MO & YR MO & YR

Instructor: \_\_\_\_\_ years, from \_\_\_\_\_ to \_\_\_\_\_ Lic ID# \_\_\_\_\_  
MO & YR MO & YR

**EXPERIENCE RECORD:** (Experience that qualifies for Supervisor Position)  
**COSMETOLOGIST EXPERIENCE** (Employment date state Months and Years)

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Employer's Name	Shop Name	City	State	Phone #	Emp Dates Beg/End
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Employer's Name	Shop Name	City	State	Phone #	Emp Dates Beg/End
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Employer's Name	Shop Name	City	State	Phone #	Emp Dates Beg/End
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**INSTRUCTOR EXPERIENCE** (Employment date state Months and Years)

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Employer's Name	School Name	City	State	Phone #	Emp Dates Beg/End
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Employer's Name	School Name	City	State	Phone #	Emp Dates Beg/End
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Employer's Name	School Name	City	State	Phone #	Emp Dates Beg/End
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**CERTIFICATION**

I, \_\_\_\_\_, do hereby certify that the employment record contained on this form is an accurate record of my employment history.

DATE: \_\_\_\_\_ SUPERVISOR'S SIGNATURE \_\_\_\_\_

I, \_\_\_\_\_, d/b/a \_\_\_\_\_ do hereby certify that the above-named individual is under my employment in the capacity of SCHOOL SUPERVISOR.

DATE: \_\_\_\_\_ OWNER'S SIGNATURE \_\_\_\_\_

ARKANSAS DEPARTMENT OF HEALTH  
COSMETOLOGY SECTION  
AUTHORIZED DESIGNEE CERTIFICATION

I, \_\_\_\_\_, d/b/a \_\_\_\_\_  
OWNER'S NAME SCHOOL NAME

do hereby designate and authorize \_\_\_\_\_ to accept service of notice  
DESIGNEE'S NAME  
from the Department and to transact all business negotiations on behalf of the school, including answers to citations  
for  
hearing, and compliance with rulings issued by the Department.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
OWNER/ADMINISTRATOR'S SIGNATURE

\_\_\_\_\_  
DESIGNEE'S SIGNATURE

ARKANSAS DEPARTMENT OF HEALTH  
COSMETOLOGY SECTION  
4815 WEST MARKHAM, SLOT 8  
LITTLE ROCK, ARKANSAS 72205  
(501) 682-2168

- 1) Please complete this form and return it to our office.
- 2) Be sure you sign the form.
- 3) School Schedule: please state the time your school opens and closes as well as the day(s) your school is closed.
- 4) Theory Class Schedule: please state the time your theory classes are conducted.
- 5) Before you submit this form check to see if your theory classes are conducted in accordance with the Department's Regulations.
- 6) **Department Rules**: Each school shall hold five (5) hours or more of theory classes, each week, for each student that is enrolled. Further, the time of the class period is to be registered with the Cosmetology Section's office. Students shall not be permitted to leave theory class to work on patrons.

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

SCHOOL SCHEDULE

HOURS OF OPERATION

M \_\_\_\_\_  
 T \_\_\_\_\_  
 W \_\_\_\_\_  
 T \_\_\_\_\_  
 F \_\_\_\_\_  
 S \_\_\_\_\_

THEORY CLASS SCHEDULE

M \_\_\_\_\_  
 T \_\_\_\_\_  
 W \_\_\_\_\_  
 T \_\_\_\_\_  
 F \_\_\_\_\_  
 S \_\_\_\_\_

WHAT PROVISIONS DO YOU MAKE FOR THEORY CLASS FOR PART-TIME STUDENTS? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I ALSO HAVE IN MY SCHOOL A TIME CLOCK FOR KEEPING ACCURATE TIME RECORDS FOR STUDENTS (yes) \_\_\_\_\_ (no) \_\_\_\_\_. IF ANSWER IS NO, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner and/or Instructor

\_\_\_\_\_  
Date

# Student Permit

**PLEASE READ CAREFULLY:** This form must be filed with the Cosmetology Section prior to the commencement of the student's training. A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Cosmetology Section's office.

**Required Attachments:** This form must be accompanied by one (1) copy of the student's contract; a copy of the student's driver's license or other form of identification verifying the student's age; proof of education; and a check or money order for the \$20.00 registration fee.

**STUDENT INFORMATION: Print using blue or black ink.**

<b>1</b>	Last Name		First Name (no nicknames)				Middle Name		
<b>2</b>	Maiden Name (if applicable)		<b>3</b>	List any other <i>last</i> name you have ever used					
<b>4</b>	Address Where You Receive Mail		Apt. #	City		County	State	Zip Code	
<b>5</b>	Address Where You Live		Apt. #	City		County	State	Zip Code	
<b>6</b>	Phone ( )	Gender MALE FEMALE	Race (Circle One)	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
<b>7</b>	Marital Status	SSN	Date of Birth		Place of Birth (City/ State/Country)				

**ENROLLMENT INFORMATION**

<b>8</b>	School Id	Name of Enrolling Beauty School			City				
<b>9</b>	Name of High School Attended			City/State/Country			Grade completed	Year	
<b>10</b>	Type of Cosmetology Training <u>CIRCLE ONE</u>		COSMETOLOGY	MANICURE	INSTRUCTOR	AESTHETICIAN	ELECTROLOGY		
<b>11</b>	Schedule to attend <u>CIRCLE ONE</u>		REGULAR		VO-TECH			OTHER	
			FT	PT	AM 1	AM 2	PM 1	PM 2	NIGHT
<b>12</b>	Date training to begin		<b>13</b>	Number of hours enrolling					

**PREVIOUS ENROLLMENT INFORMATION**

<b>14</b>	Have you ever attended Cosmetology School?		If yes, Name of previous School				City/State	
	YES NO							
<b>15</b>	Type of Previous Training		<b>16</b>	Number of Hours Acquired				
<b>17</b>	Have you ever been licensed in any phase of Cosmetology?		If yes, what type of license?		Licensed in what State?		Is license current?	
	YES NO						YES NO	

I hereby give my permission to the school to release any information contained in my student file to a representative of the Cosmetology Section who is duly authorized to review my records. Further, I give my permission to the Cosmetology Section to release my examination results to the school for the purpose of documenting my performance on the state licensing examination administered by the Cosmetology Section.

<b>STUDENT</b>	Signature	Today's Date
<b>SCHOOL REPRESENTATIVE</b>	Signature	Today's Date

**COSMETOLOGY SECTION USE ONLY**

<b>ID</b>		<b>PERMIT</b>		<b>RECEIPT</b>		<b>HS</b>		<b>MAT DATE</b>	
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AFFIDAVIT OF BONA FIDE, FULL-TIME STUDENT

STATE OF ARKANSAS )  
 )  
COUNTY OF \_\_\_\_\_ )

COMES \_\_\_\_\_, and after first having been duly sworn states on oath  
Name of Student  
as follows:

I, \_\_\_\_\_, reside at \_\_\_\_\_,  
Student Name Street Address City Zip

I may be contacted at the following telephone numbers: \_\_\_\_\_  
Home Number Message Number Work Number

I have registered to attend \_\_\_\_\_  
Name of School

as a full-time student and I certify that I plan to attend school on a full-time basis. I further certify that I have registered to attend school on the following days (as denoted by check marks) and during the hours specified for each day:

DAYS OF ATTENDANCE	HOURS OF ATTENDANCE	
	Beginning Time	Ending Time
_____ Monday	_____	_____
_____ Tuesday	_____	_____
_____ Wednesday	_____	_____
_____ Thursday	_____	_____
_____ Friday	_____	_____
_____ Saturday	_____	_____

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
STUDENT'S SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY  
SEAL \_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_