

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.

Being convicted of a felony as provided under § 17-3-102 may disqualify you from licensure. Please complete and submit preclosure petition (link below) before submitting a student permit application.

https://www.healthy.arkansas.gov/images/uploads/pdf/Act_990_Preclosure_petition_.pdf

CRIMINAL RECORDS:

1	Have you ever been convicted of or found guilty of or entered a plea of guilty or nolo contendere to any offense that would constitute a felony? If yes, please list felony(s) _____ Have you completed and submitted a preclosure petition? Yes____ No____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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STUDENT INFORMATION: Print using blue or black ink.

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

ENROLLMENT INFORMATION

9	School Id	Name of Enrolling Beauty School	City
10	Name of High School Attended	City/State/Country	Grade completed
			Year
11	Type of Cosmetology Training CIRCLE ONE	COSMETOLOGY	MANICURE
		INSTRUCTOR	AESTHETICIAN
			ELECTROLOGY
12	Schedule to attend CIRCLE ONE	REGULAR	VO-TECH
		FT	PT
		AM 1	AM 2
		PM 1	PM 2
		NIGHT	13
			Date training to begin
			14
			Number of hours enrolled

PREVIOUS ENROLLMENT INFORMATION

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

STUDENT	Signature	Today's Date
SCHOOL REPRESENTATIVE	Signature	Today's Date