



**CENTER FOR CONTINUING EDUCATION**

215 Fitchburg Street, Marlboro, MA 01752  
1-800-537-6663 ext. 1474 or (508) 263-9651

**FALL 2010 COSMETOLOGY PROGRAM**

**Application for Admission**

#11210

**STUDENT INFORMATION:**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

**EMERGENCY INFORMATION:**

Person to be notified in case of emergency: \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**LAST SCHOOL ATTENDED:**

Dates Attended

Graduation Date

\_\_\_\_\_  
(Name & City of School)

I have a High School Diploma or a G.E.D. Certificate  Yes  No

*(Note: a high school diploma or G.E.D. Certificate is not required to enroll in the Cosmetology program; however, you must have one of these in order to apply for Federal Student Aid)*

**PAYMENT INFORMATION:**

Amount enclosed:  **\$100.00** (Cosmetology registration fee)

**Other** \$ \_\_\_\_\_

Payment method:  Check  Cash  Mastercard  Visa  Discover

Credit/Debit card acct no: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant

Date

Please return this completed application form along with your Payment Plan Contract and your application fee.  
Thank you.