South Carolina Department of Labor, Licensing and Regulation
South Carolina State Board of Cosmetology
P.O. Box 11329 • Columbia, SC 29211-1329
Phone: 803-896-4588 • www.llronline.com/POL/Cosmetology/

STUDENT ENROLLMENT FORM

Please Print Clearly in Black Ink

Check Type of Course Enrollment	☐ Cosmetology	☐ Esthetics	☐ Nail Technician

STUDENT INFORMATION

NAME	First	Middle	Last

SOCIAL SECURITY NUMBER	_____ / _____ / _____	DATE OF BIRTH	_____ / _____ / _____

SEX: ☐ Female ☐ Male	RACE: ☐ American Indian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Oriental/Asian ☐ Other

CITY OF BIRTH		STATE OF BIRTH		COUNTRY OF BIRTH	

ADDRESS	Street	City	State	Zip Code

Phone Number		Fax Number		Cell Number	

SCHOOL INFORMATION

SCHOOL NAME	Charzanne Beauty College

ADDRESS	Street	City	State	Zip Code
	1549 HWY 72 221 E	Greenwood	SC	29649

STUDENT'S DATE OF ENROLLMENT:	_____ / _____ / _____	GRADE CURRENTLY IN:	

The undersigned, in presenting the student enrollment form to the State Board of Cosmetology, affirms that he/she is the person named herein and that the information contained herein is true to the best of his/her knowledge.

	_____ / _____ / _____
Instructor's Signature	Date
	_____ / _____ / _____
Student's Signature	Date

This form is to be registered with the State Board of Cosmetology within fifteen (15) days of the date of enrollment. Include student contract, high school information: diploma or GED, and two (2) forms of identification (1) one being a state issued ID with a photo. Mail to the above address.

Revised 10/2013