

Tell us about yourself.

| | |
|---------------------|--------------|
| <hr/> | |
| First and Last Name | () |
| <hr/> | <hr/> |
| Email Address | Phone Number |

In case of emergency, contact:

| | |
|---------------------|--------------|
| <hr/> | |
| First and Last Name | |
| () | |
| <hr/> | <hr/> |
| Phone Number | Relationship |

What's your current address?

| | |
|-----------------------|---------|
| <hr/> | |
| Street Address Line 1 | |
| <hr/> | |
| Street Address Line 2 | |
| <hr/> | |
| City | State |
| <hr/> | <hr/> |
| Postal / Zip Code | Country |
| <hr/> | <hr/> |

Tell us more.

| | | |
|---------------------------|-------------------------------------|--------------------------------------------|
| Are you a U.S. Citizen? | If no, are you an eligible citizen? | What is your gender? |
| <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Female |
| <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> Male |
| | | <input type="radio"/> Other |
| | | <input type="radio"/> Prefer not to answer |
| <hr/> | | / / |
| Alien Registration Number | | Birthday MM/DD/YYYY |
| <hr/> | | <hr/> |
| Driver's License Number | | Age |
| <hr/> | | <hr/> |
| License State | | Marital Status |
| <hr/> | | <hr/> |

Please tell us your education preferences.

Which campus would you like to attend?

- Round Rock Temple

Which program is for you?

- Cosmetology Manicuring
 Instructor Barber Crossover
 Barber Manicuring/Esthetician

Are you a righty or a lefty?

- Right-handed Left-handed

What size smock do you wear? (XS-4XL) _____

How did you hear about Central Texas Beauty College?

When would you like to start?

Round Rock Start Dates

- January 8, 2026
 February 26, 2026
 April 23, 2026
 June 11, 2026
 July 30, 2026
 September 17, 2026
 November 5, 2026

Temple Start Dates

- January 7, 2026
 February 25, 2026
 April 22, 2026
 June 10, 2026
 July 29, 2026
 September 16, 2026
 November 4, 2026

Would you like an additional textbook in Spanish or Vietnamese (manicuring)?

- No, thanks
 Yes, Spanish (\$200)
 Yes, Vietnamese (\$200)

Tell us about your education history.

What is your highest level of education? High School Transcript GED ATB College Other

School Attended _____

Street Address _____

City _____

State _____

Postal / Zip Code _____

Country _____

_____/_____/_____
When did you graduate? MM/DD/YYYY

Reference First and Last Name _____

I have received, downloaded, or have printed out the Course Catalog.

Reference Phone Number _____

I verify that the above information is true and correct to the best of my knowledge. I also understand that if my application is accepted, I have adequate transportation, day care arrangements and I will complete my program. Providing false information will result in immediate termination.

Signature _____

Send completed application to:

Round Rock Campus

ctbcrr@gmail.com

Temple Campus

temple57@sbcglobal.net