

Tell us about yourself.

First and Last Name

Email Address

()

Phone Number

In case of emergency, contact:

First and Last Name

()

Phone Number

Relationship

What’s your current address?

Street Address Line 1

Street Address Line 2

City

State

Postal / Zip Code

Country

Tell us more.

Are you a U.S. Citizen?

☐ Yes ☐ No

If no, are you an eligible citizen?

☐ Yes ☐ No

What is your gender?

☐ Female ☐ Male ☐ Other ☐ Prefer not to answer

Alien Registration Number

/ /

Birthday MM/DD/YYYY

Driver’s License Number

Age

License State

Marital Status

Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or pleaded guilty or no contest “nolo contendere” (resulting in a deferred adjudication) to any in-state, out of state or federal criminal offense (please note: this could impact your eligibility for a TDLR license)?

☐ Yes ☐ No

If yes, please provide a list of any charge:

Please tell us your education preferences.

Which campus would you like to attend?

☐ Round Rock ☐ Temple

Which program is for you?

☐ Cosmetology ☐ Manicuring
☐ Class A Barber ☐ Barber Crossover
☐ 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?

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 _____ Date _____

Send completed application to:

Round Rock Campus

ctbcrr@gmail.com

Temple Campus

temple57@sbcglobal.net