



REGISTRATION FORM

Name: _____ Date of Birth: ____/____/____

Street Address: _____ City/State: _____ Zip: _____

Email: _____ Home Phone: _____

Cell Phone: _____ May we have permission to text you? YES NO Cell Carrier: _____

Facebook: _____ Instagram: _____ Twitter: _____

U.S. Citizen: YES NO Social Security _____

Do you have a High School Diploma or GED equivalent? YES NO

Are you transferring from another school? YES NO

(If yes, please complete a Transfer Hour Application)

What are you most interested in? (Check all that apply)

- Make-up
- Color
- Nails
- Haircutting
- Barber
- Styling

Percentage Scale	Categories	Content
70	Hair	Haircuts, hairstyling, perm, color, clipper
10	Nails	Manicure, pedicure, artificial nails, nail wraps
10	Makeup	Eyelash extensions, permanent makeup
10	Facial	Waxing, electrical and chemical facial
100% = Total		

In five years where do you see yourself? _____

How will you get there? What is your plan? _____

Mission

The San Joaquin County Office of Education's Career Technical Education provides an innovative atmosphere committed to 21st century skills acquisition through successful, professional, and reputable student-focused programs.

Are you able to stand 10-12 hours? YES NO

Do you think you're a patient person? YES NO

What does (Customer Service) mean to you? _____

Does the Idea of serving people bother you? YES NO

Do you have child care if "applicable"? YES NO

Do you have a job? YES NO Full Time Part Time Hours _____

Do you have transportation to and from school? YES NO

Attendance is very important for this program. Is there anything keeping you from attending school every day? YES NO

What kind of Salon do you want to work in? _____

A. High end B. Modern/Small C. Corporation (Super Cuts/ JC Penney)

FOR ADMINISTRATION USE ONLY:

Date Registration Received: _____ Full Time: _____ Part Time: _____ Start Date: _____

Hours Transferred: _____ Hours Needed: _____ Estimated Completion Date: _____

Registration: \$ _____ Books: \$ _____ Kit: \$ _____ Total Amount Due: \$ _____

Receipt #: _____

Student Admissions Representative: _____ **Date:** _____

Tuition: \$ _____ Tuition Received: \$ _____ Tuition Amount Due: \$ _____

Student Accounts Representative: _____ **Date:** _____

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