

LeGrand Institute of Cosmetology

2418 Broad Street • PO Box 2102 • Camden, SC 29020

Phone: (803) 425-8449 • Fax: (803) 425-8450

Enrollment Application

\$50 Application fee, Proof of Education, Pictured ID and Social Security Card must accompany application.

Date: _____ Social Security #: _____ Phone #: _____

Name: _____
Last First Middle/Maiden

Address: _____
Street City State Zip

Sex (M/F): _____ Birthdate: _____ Are you a US Citizen: _____

Marital Status: _____ Dependents: _____ Driver's License #: _____

Email Address: _____

EDUCATION:

Where did you graduate or last attend high school?

High School Attended: _____ Location: _____

Did you graduate (Yes/No): _____ Year Graduated: _____ GED: _____

If "yes," we need a copy of your diploma. If "no," we need certified transcripts from your high school or a copy of a GED.

EMPLOYMENT:

Are you currently employed? (Yes/No): _____ Employer: _____

Phone #: _____ Location: _____

ENROLLMENT at LeGRAND INSTITUTE OF COSMETOLOGY:

What type of schedule are you interested in? DAY Classes: _____ Night classes: N/A

When would you like to start classes? _____

How did you hear about our program? (Website, Facebook, Insta, Friend, Other) _____

I hereby certify, by my signature below, that all statements made on this application are true and correct to the best of my knowledge. I further understand that I will furnish all other information necessary to process my application for enrollment at LeGrand Institute of Cosmetology. I have received a copy of the school catalog at the time of my interview.

Signature: _____