



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## STUDENT ENROLLMENT FORM

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**Instructions:** This form must be completed and submitted to the MSBCB within thirty (30) days of a student's program start date.

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**School Name:** KC's School of Hair Design 132

**School Address:** 280 Turnpike Rd Pontotoc, MS 38863

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**Date of Enrollment:** \_\_\_\_\_

**Program Start Date:** \_\_\_\_\_

**Program Enrollment:**

☐ Cosmetologist    ☐ Barber    ☐ Nail Technician    ☐ Esthetician    ☐ Instructor

☒ Full Time    ☐ Part Time    ☒ Day Program    ☐ Night Program

**Total number of hours per week:** 30 Hours

**Student's Full Legal Name:**

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**Physical Address:**

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**Mailing Address:**

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**Phone:**

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**E-Mail:**

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MSBCB  
PO Box 55689  
Jackson, MS 39296

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Have you ever been convicted of a felony?** ☐ Yes ☐ No

If yes, please complete a Fresh Start Act Consideration Request.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**School Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**