

**FOUR COUNTY AREA VOCATIONAL COOPERATIVE**  
**APPLICATION AND CONTRACT FOR THE COSMETOLOGY PROGRAM**

**DUE 2/19/10 TO FCAVC ADMINISTRATIVE OFFICE**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (M. INITIAL) (BIRTHDATE)

HOME MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: IN ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

NAME OF HOME SCHOOL: \_\_\_\_\_ STN#: \_\_\_\_\_

GRADE LEVEL FOR 10-11 SCHOOL YEAR: \_\_\_\_\_ 11 \_\_\_\_\_ 12 **(Consult Guidance Counselor if unknown)**

PARENT(S)/GUARDIAN(S) NAME \_\_\_\_\_

EMAIL ADDRESS (FOR INFORMATIONAL USE ONLY): \_\_\_\_\_

\_\_\_\_\_ 1st year Cosmetology student

\_\_\_\_\_ 2nd year Cosmetology student

I understand and agree to fulfill the following conditions of my enrollment in the Cosmetology program, administered by the Four County Area Vocational Cooperative:

1. A total of (1500) hours of classroom and lab instruction is required during the Junior and Senior years.
2. Students will be responsible for fees to fulfill the 1500 hour minimum requirement not achieved after completion of high school.
3. First year students will be responsible for a kit fee of approximately \$375, which includes textbooks, supplies and smocks. Full payment is due no later than the first day of class in August.
4. A mandatory informational parent/student meeting will be held in May for ***first year students***. Students will be notified of this date upon acceptance to the program from Four County Area Vocational Cooperative.
5. **Cosmetology students are required to attend extended hours, including evening and Saturday hours as displayed by the approved Cosmetology calendar to be supplied to the student.**

I have read and agree to the above conditions of my enrollment:

\_\_\_\_\_

Parent or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

Required for Enrollment: \_\_\_\_\_

Guidance Counselor Signature

Special Notes: \_\_\_\_\_

\_\_\_\_\_