# FOUR COUNTY AREA VOCATIONAL COOPERATIVE
# APPLICATION AND CONTRACT FOR SCHOOL OF COSMETOLOGY PROGRAM

APPLICATION FOR ENROLLMENT DUE TO VOCATIONAL OFFICE BY 2/18/2011

NAME: _____
(LAST) (FIRST) (M. INITIAL) (DOB)

I UNDERSTAND AND AGREE TO FULLFILL THE FOLLOWING CONDITIONS OF MY ENROLLMENT IN THE SCHOOL OF COSMETOLOGY PROGRAM, ADMINISTERED BY THE FOUR COUNTY AREA VOCATIONAL COOPERATIVE:

1. A TOTAL OF 1500 STATE MANDATED HOURS OF CLASSROOM AND LAB INSTRUCTION IS REQUIRED FOR COMPLETION OF THE PROGRAM. IT IS EXPECTED THAT ATLEAST HALF OF THESE HOURS ARE OBTAINED WITHIN MY JUNIOR YEAR, IN ORDER TO GAIN ADMISSION TO A SECOND YEAR OF INSTRUCTION.
2. I AM RESPONSIBLE FOR ALL FEES TO FULLFILL THE 1500 MINIMUM REQUIREMENT NOT ACHIEVED AFTER COMPLETION OF HIGH SCHOOL.
3. FIRST YEAR STUDENTS ARE RESPONSIBLE FOR A KIT FEE OF APPROXIMATELY $400, WHICH INCLUDES TEXTBOOKS, SUPPLIES AND A MINIMUM SET OF UNIFORMS. I UNDERSTAND THAT FULL PAYMENT OF THIS FEE IS DUE NO LATER THAN THE FIRST DAY OF CLASS IN AUGUST.
4. A MANDATORY INFORMATION MEETING FOR STUDENTS AND PARENTS/GUARDIANS TO BE HELD IN MAY. YOU WILL BE NOTIFIED OF THIS DATE UPON ACCEPTANCE INTO THE PROGRAM.
5. COSMETOLOGY STUDENTS ARE REQUIRED TO ATTEND EXTENDED HOURS, INCLUDING EVENING AND SATURDAY'S AS SCHEDULED BY THE APPROVED COSMETOLOGY CALENDAR TO BE SUPPLIED TO THE STUDENT.

I HAVE READ AN UNDERSTAND THE ABOVE CONDITIONS OF MY ENROLLMENT:

_____ _____
Parent/Guardian Signature (Required) Date

_____ _____
Student Signature (Required) Date

_____ _____
Guidance Counselor Signature (Required) Date

The Four County Area Vocational Cooperative has a policy of providing equal opportunity. All courses are open to all students regardless of race, color, gender, disabilities or national origin, including limited English proficiency.