



Application for Enrollment

The following confidential information is provided for Troutman's College of Manicuring as part of the enrollment process. This information will be used in case of emergency and to enroll the student with the NC State Board of Cosmetic Art Examiners. Fill Out this form and save it on your computer.

Name - First Middle Last		Nickname (for Name Badge)	
Maiden (or previous) Name		Date of Birth	
Current Address		County	
City	State	Zip	
Cell Phone with Area Code	Home Phone with Area Code	Work Phone with Area Code	
Email Address		Facebook Page	
Social Security or ID		Driver's License	
		State	Number
Name of last school attended		Highest Grade Completed	
Have you attended any other Cosmetic Arts School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" which one?		
Do you have any physical or emotional problems that might interfere with your education?			
If are you currently taking any medication(s), please list all generic names.			
Who do we contact in case of emergency?		Relationship to You	
Day Phone with Area Code		Night Phone with Area Code	
Please consider me for enrollment in the following class: <input type="checkbox"/> Full-Time Days <input type="checkbox"/> Part-Time Mornings <input type="checkbox"/> Please contact me so I can decide which Schedule works best! <input type="checkbox"/> Full-Time Afternoons <input type="checkbox"/> Part-Time Evenings			
		Proposed Class Start Date	
Applicant's Signature		Today's Date	

To apply for a place in the class of your choice, print this application and send it with the \$50.00 registration fee to:

Troutman's College of Manicuring
 4339 Falls of Neuse Road • Suite D
 Raleigh, NC 27609-6282