



**KENTUCKY BOARD OF BARBERING
ENROLLMENT APPLICATION FOR BARBER SCHOOL**

PERMIT # _____

DATE ISSUED _____

EDUCATIONAL QUALIFICATIONS: Attach proof of high school graduation or GED.

FULL NAME OF APPLICANT _____

LAST

FIRST

MIDDLE

MAIDEN NAME _____

HOME ADDRESS _____

STREET

CITY

ZIP

D/O/B _____ AGE _____ SEX _____

S/S# _____ TELEPHONE # _____

DATE ENROLLED _____

NAME OF SCHOOL _____

ADDRESS _____

FULL-TIME _____ PART-TIME _____ NO. OF HOURS _____

DAY CLASS _____ EVENING CLASS _____

RE-ENROLLMENT _____ CROSS-OVER _____

Applicant's Signature

School Representative