

# TBA SCHOOL OF COSMETOLOGY APPLICATION FORM



880 Parsons Road  
Traverse City, MI 49686-3692  
231-922-6303

PLEASE PRINT

Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year

Sex: M F

Person to be notified  
in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

High school diploma or G.E.D required.

Please enclose a copy of your high school diploma or G.E.D.

CLASSES MEET MONDAY THROUGH FRIDAY  
8:30 AM - 4:15 PM

## EMERGENCY MEDICAL - PHOTOGRAPHIC RELEASE SECTION

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Required Medications \_\_\_\_\_

### EMERGENCY HEALTH FACTORS: (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> nothing known   | <input type="checkbox"/> penicillin allergy          | <input type="checkbox"/> special blood condition |
| <input type="checkbox"/> heart disease   | <input type="checkbox"/> iodine allergy              | <input type="checkbox"/> sulfa allergy           |
| <input type="checkbox"/> hemophiliac     | <input type="checkbox"/> multiple critical allergies | <input type="checkbox"/> bee sting allergy       |
| <input type="checkbox"/> diabetic        | <input type="checkbox"/> epileptic                   | <input type="checkbox"/> other _____             |
| <input type="checkbox"/> aspirin allergy | <input type="checkbox"/> asthma                      | <input type="checkbox"/> other _____             |

I hereby grant permission for the TBA Career-Tech Center or its representative, to authorize such medical emergency treatment as needed by a qualified nurse, physician or hospital. I also grant permission for the necessary information to be released to the insurance company. I will be responsible for all medical expenses incurred.

I hereby grant permission to TBA Career-Tech Center to publish or authorize publication of, in any form, photographs in which I appear for educational, editorial, illustrative, or promotional purposes.

Parent/Legal Guardian Signature if not 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Please enclose your \$500 (non-refundable) deposit with your registration form and the \$15.00 Michigan Student Registration (total \$515.00) to assure your placement in the class. Applications are accepted on a "first-come, first-served" basis.

FOR MORE INFORMATION  
CALL: (231) 922-6303