

Cosmetology Program Step TWO

~~~ MUST be typed in order to be considered ~~~

**Directions:** Complete in its entirety, print and bring to one of the Mandatory Cosmetology Meetings.

## Student Information:

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Home Campus \_\_\_\_\_

## Student Self-Assessment: Answer the following questions in sentence form.

- 1) Briefly explain any disciplinary actions in regard to attendance, grades, and/or behavior within the school setting or outside of the school setting within the past year, if applicable.
  
- 2) Briefly explain the importance of presenting a professional image as a student in this program.

## Student Short Answer:

### Directions:

1. List three (3) to five (5) expectations of what you are hoping to learn from this course
2. Explain how they will help you in the future
3. Each answer should use correct grammar and spelling

### Statement of Understanding:

I certify that all the information in this application is complete and accurate; I also understand that submission of the application does not guarantee placement in the Cosmetology Program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

### Parent/Guardian Authorization:

By signing this document, I state that \_\_\_\_\_ possesses the necessary  
(Student Name)  
maturity to participate in the Cosmetology Program. I will ensure that he/she adheres to all policies and procedures.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

### Release of Records Authorization Form:

My signature below provides authorization to release any required scholastic, attendance, discipline, and health information to Denton ISD Cosmetology Program as a component of my application to participate in the Cosmetology Program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

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