

Illume Academy, Inc.

216 South Denton Road

New Albany, MS 38652

662.539.7273

www.illumeacademy.net

Registration Application

Name of Student: _____
First, Middle, Last Name

Mailing Address: _____
City, State, Zip Code County

Social Security Number: _____ Driver's License Number: _____

Home Number: _____ Mobile Number: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Email Address: _____

Name of High School or GED Test Center: _____

Date of Graduation: _____ Name shown on Diploma: _____

Program interested in: [] Cosmetology [] Manicurist [] Instructor Training

Check one: [] Full Time Student [] Part Time Student

Number of Hours per Week: _____

What month you are interested in beginning? _____

Can you read, write, and speak English? [] Yes [] No

Is this the first time you have enrolled in any Post-Secondary School? [] Yes [] No

How did you hear about the Academy? _____

Have you ever been convicted of a felony? [] Yes [] No If yes, please explain: _____

Are you on probation? [] Yes [X] No Parole? [X] Yes [] No [] In the case of conviction, student must forward with this form the following: a letter explaining conviction and details, a letter from school, a letter from probation or parole officer, and a letter from upstanding citizen of community or minister indicating that you should be allowed to enter the profession. THE MISSISSIPPI STATE BOARD OF COSMETOLOGY WILL CONSIDER EACH REQUEST ON AN INDIVIDUAL BASIS; MUST BE APPROVED BEFORE ENROLLMENT.

I certify that the above information is true and accurate and I am enclosing my \$100 registration fee which will be credited against my tuition upon approval.

Student Signature Date