Registration Form
$75.00 application fee (non-refundable)

T.O.L. BARBER COLLEGE

_____.
*Full Name

_____.
*Home address

_____.
*City *State *zip code

_____.
*Phone # Alternate phone #

_____.
*Date of birth

_____.
*Social security number

_____.
*Drivers License number or ID

_____
*Email

_____.
*Name of person for emergency and contact/phone number

*High School Diploma_____ GED_____

Do you have any experience in the hair industry?_____

Do you have any license?_____ If Yes, what kind?_____

How did you hear about our school?_____

Signature,_____ DATE_____