photo



Registration Form

OFFICE USE ONLY					
Registra	tion Fee:				
	l PAID				
Initials_					
Date	_//				
_	l MT l MT700 l FMS				

PERSONAL INFO	RMATION - Please Print or Ty	pe (please do not l	eave any blanks)	
SOCIAL SECURITY	NUMBER			
LAST NAME		FIRST	M	ſ.I
ADDRESS				
CITY		STATE	ZIP CODE	
HOME PHONE () WORK PHO	NE ()	CELL PHONE ()	
PLACE OF EMPLOY	YMENT			
DATE OF BIRTH _	PLAG	CE OF BIRTH		
EMAIL ADDRESS_				
DRIVER'S LICENSI	E STATE and #			
	cational experiences, were you diag ase attach documentation of testing		g disability? () YES () NO	
	he United States? () YES () See state country and status and provided the second status and statu		ent card:	
RACE (optional): () Caucasian () African American	() Hispanic () A	American Indian () Asian () Al	aska Native
()	Pacific Islander () Other		() Do not wish to disclo	se
Is English your prima	ary language? () YES () NO			
() MALE () FE	MALE MARITAL STATUS			
IN CASE OF EMERO	GENCY, PLEASE CONTACT:			
	_		/	
NAME TELEPHONE NUMBER(S)				
NAME			/ TELEPHONE NUMBER(S)	
EDUCATIONAL BA	ACKGROUND NAME	CITY/STATE	COMPLETION DATE	DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE/VOC SCHO	OL			
GED: Date awarded (Must provide a copy of the	GED certificate: GED Test Scores and a copy of the certifica	State:		
Are you currently enr	rolled at any other schools? () YE	ES () NO		

eligibility to receive a license. One factor they consider is your arrest history. Since the determination is not made until you have completed training and taken your State Examination, you are required to complete this section prior to admissions so that we can review your information. Have you ever been charged or arrested? () YES () NO If you answered YES, please explain: Have you ever been convicted of a misdemeanor or felony? () YES () NO If you answered YES, please explain and attach court records related to your conviction _ **ENROLLMENT PLAN – Please mark your selection:** Basic Massage & Hydrotherapy Program (500): _Massage and Hydrotherapy Hour Program (700): __Day Class __Day Class __Night Class __Night Class __Full Time __Full Time __Half Time __Half Time Basic Facial & Makeup Specialist Program: Basic Facial and Makeup Specialist Program: __Day Class __Day Class Only (Tues. & Friday 9am-4:30pm) __Night Class How did you hear about Space Coast Education Center? (Check one) Space Coast Education Center website Facebook Natural Healers Sign Internet Former Student Name: What encouraged your decision to choose Space Coast Education Center? What was your first overall opinion of our facility (appearance, friendliness of staff, etc)? I certify that the information that I have provided on this registration is true and correct to the best of my knowledge and that any falsification of information given can be grounds for termination from the program. Signature Date

ARREST HISTORY - It is important that applicants realize that the Department of Health makes a final determination as to your

Please complete the following items below and return with registration fee to:

Space Coast Education Center 1070 South Wickham Road West Melbourne, FL 32904 (321) 308-8000 Fax (321) 722-3997

- A small photograph attached as indicated on this registration. (We can photo copy your ID)
 - The \$95.00 fee. This fee can be paid by cash, credit or debit card, check or money order made out to Space Coast Education Center. Registration fee is non-refundable and cannot be transferred to a subsequent program date.
- A high school diploma or certified official transcript stating date of graduation, or GED equivalent (Must provide a copy of the GED Test Scores and a copy of the certificate with registration form) is required.