

The Elaine Sterling Institute School of Esthetics™

Pre-enrollment Registration Form M1

Esthetician / Esthetician Instructor Program

Full Legal Name _____

Country of Birth _____

Country of Citizenship _____

Street Address _____

Country, Province, District, City, State, Zip _____

Mailing Address (if different) _____

Contact Phone Number _____

Email Address _____

Monthly Living expenses while in the USA: \$ _____

Monthly expenses of dependents while in the USA: \$ _____

Do you plan on taking more than one international certification test (ITEC)? One test is required and each costs \$100 plus \$50 (plus tax) for the book.

Circle the number of test you plan to take: 1 2 3

I am interested in a career in _____ because _____

I plan to enroll for? (Please circle)

- Full-Time (day classes)
- Part-Time (day classes)
- Part-Time (evening classes)

Date to Begin _____

How did you hear about us? (Please circle)

- Web search
- Advertising
- Word of Mouth/Referral from Friend

Emergency Contact _____

Contact Phone Number _____

Relationship to You _____

Education:

Please list the high school and colleges you have attended. Have transcripts sent to the Elaine Sterling Institute admissions office.

School _____ Dates _____

School _____ Dates _____

School _____ Dates _____

Please initial the following statements:

_____ I have received a copy of school catalog

_____ I have been informed of all costs associated with attending the program

My signature indicates all information contained in my application is complete, factually correct, and honestly presented. I hereby request admission to The Elaine Sterling Institute on the terms listed within this application.

Signature _____ Date _____

I, _____, authorize the Elaine Sterling Institute to charge my credit card in the amount of \$_____ for application fee for the above program.

Name as appears on the card: _____

Credit Card number: _____

Payment type: (check one) VISA Mastercard Discover AMEX

Expiration Date: ____/____ CSC: _____ (found on back of card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Email Address: _____

Signature: _____

Please FAX the above completed Registration Form to:
1.877.272.0395