

The Elaine Sterling Institute™

Esthetician Program Registration Form

Full Legal Name _____

Social Security Number _____

Street Address _____

City, State, Zip _____

Mailing Address (if different) _____

Contact Phone Number _____

Email Address _____

Citizenship? (Please circle)

- U.S. Citizen
- Immigrant-Permanent Resident
- Non-resident Alien, Country of Citizenship _____
(Attach copy of I-155 or I-151)

I am interested in a career in _____ because

I plan to enroll for? (Please circle)

- Full-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 _____

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 above program

Name as appears on 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: _____



FAX the above completed Registration Form to:

1.877.272.0395