



STUDENT REGISTRATION
 NORTH DAKOTA STATE BOARD OF COSMETOLOGY
 SFN 61733 (09-2023)

****No payment will be accepted without a complete application.****

STUDENT INFORMATION

Name (first, middle initial, last)	Social Security Number	Date of Birth	
Telephone Number	Email Address		
Address	City	State	ZIP Code
Name of High School or School Received GED		Completion Date	

SCHOOL ENROLLMENT

Name of School Enrolling at	
For the Study of <input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetics <input type="checkbox"/> Manicurist	Enrollment Date
Re-enrolling or Transferring from Another School <input type="checkbox"/> Yes* <input type="checkbox"/> No	*If Yes, Number of Hours Re-enrolling with or Being Transferred
*Name of School Transferring from	

For each student, the school shall provide the Board with:

	\$15 Registration Fee
	Copy of Birth Certificate
	Proof of High School Education (i.e transcript)
	Contract
	Complete list of tools, books, and supplies

<input type="checkbox"/> I hereby attest that the information stated is true and correct to the best of my knowledge.	
Applicant Signature	Date

Submit complete application and \$15 fee to:
 ND State Board of Cosmetology
 4719 Shelburne St Suite 1
 Bismarck, ND 58503

Questions:
 Email: bocinfo@nd.gov
 Call: (701) 224-9800
www.ndcosmetology.com

Privacy Act Statement: The disclosure of the individual's Social Security Number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. Social Security Number is used for identification and verification purposes. Not providing the Social Security Number will cause the application to not be processed.