



Charleston School of Beauty Culture

Dear Prospective Student:

We are getting ready to start our new class. Classes start the first Tuesday of each month. We are excited that you are interested in attending our school and furthering your education to begin a new and exciting career. Orientation shall be on the Monday prior to class start from 9:00 am to 12:00 noon! Please plan to attend.

Below you will find a list of items you will need to enroll for this class. We will need to have all paperwork into the office ASAP in order for me to register you with the West Virginia State Board of Barbers & Cosmetologists.

- Student Registration Application (Last page of this packet)
- Certificate of Health Form (Next to last page of this packet) completed by a physician, physician's assistant, or a nurse practitioner (within last 12 months) clearing the applicant to perform series on the general public.
- \$30.00 check or money order made out to the Charleston School of Beauty Culture (**non-refundable**).
- Copy of your Government issued picture ID (Drivers License, Passport, Military ID or Picture ID, Student Visa or Alien Registration (in color).
- Copy of your Social Security Card (in color)
- Copy of recent photos of yourself (2" x 2") (Head and Shoulders / full face)
- Copy of your High School Diploma, transcript showing graduation (with official seal or government agency seal), or Official GED transcript.
- Documentation showing any name change since completion^{of} high school or equivalent (e.g. marriage certificate, divorce decree or other legal document showing official name change)

Please call today to set up your appointment to visit the school and complete the necessary arrangements for enrollment.

Students applying for financial aid need to go online to StudentAid.gov to apply and will need to provide the following information on the FAFSA.

- You will need to register a FSA ID and Password. Please do not share this information with anyone including your Financial Aid Officer.
- If you need a parent's financial information, they need their own FSA ID and Password.
- If applying for a loan, you will need this same FSA ID & Password
- You will be classified as a **first-year student**; if you have previously attended another institution of higher learning, you will be classified **previously enrolled**.
- You will be working towards a **diploma in a less than two-year program**.
- If you are a male and have not reached your 26th birthday, please check the box to register with Selective Service if you have not previously registered when you turned 18.
- Enter our school code: 015412 in order for the information to come to us.
- If you are starting class prior to July 1st, you will need to complete the FAFSA for both available award years. If you have any questions, please contact the office staff at the phone number listed below.

514 50th Street SE° Charleston, WV 25304 (304) 346-9603

PRE-ENROLLMENT PLANNING

We would like to enroll you in our school. Prior to enrolling, we need you to understand that attending school will be a major step for you and will require dedication on your part. You will be required to attend school a certain number of hours every week, be punctual, studious and attentive. Prior to enrollment, we want you to be sure that you have the desire and dedication to attend and complete school. You must make certain that you have transportation, housing and, if necessary, daycare for your children, as these are crucial factors affecting attendance. We would recommend that you visit the school for an entire day in order for you to familiarize yourself with our programs. Please ask questions now to avoid confusion later.

Name: _____

WHEN DO YOU WISH TO BEGIN SCHOOL? Month _____ 20____

Are you a high school Graduate? _____ Yes _____ No If no, do you have a GED? _____ Yes _____ No

Have you previously attended another school? _____ Yes _____ No – If you answered yes, please furnish the name and address of the school, whether or not you completed/graduated and if you did not complete, please state the reason why:

Why did you choose to attend our school?

What are your goals for your future?

Budget:

Previous Annual Income: _____

Source of Income: _____

Income while attending School: _____

Savings Available for Living Expenses: _____

If you are planning to borrow money to meet your living expenses while you are in school, do you understand that it may be several months before such funds are available to you?

Transportation:

How far do you live from the school? _____ blocks or _____ miles.

Do you have dependable transportation for school? _____ Yes _____ No

If something should happen to your car or ride, do you have alternate means of transportation available?

Day Care:

Number of Children: _____

Ages of Children: _____

If you have children, do you have dependable daycare? _____ Yes _____ No

Please Explain: _____

If something should happen to interfere with your current daycare plans, do you have alternative daycare arrangements? _____ Yes _____ No

Please Explain: _____

Date _____

Prospective Student Signature _____

Charleston School of Beauty Culture
ENROLLMENT APPLICATION

Personal & Confidential Information Today's Date: ___/___/___

Name: _____ Marital Status: _____
Permanent Address: _____ Single
Street: _____ Married
City: _____ State: _____ ZIP: _____ Divorced
Local Address (if different): _____ Separated
Street: _____ Widowed
City: _____ State: _____ ZIP: _____

Soc. Sec. No.: ___ - ___ - ___ Telephone No: () ___ - ___ Cell Phone: () ___ - ___
Email address: _____ @ _____

Date of Birth: ___/___/___ Driver's License #: _____ State: _____

Number of Children: _____ List ages, if applicable: _____

Previous Annual Income: _____

How far do you live from the school? _____ miles.

Are you: _____ Right-Handed _____ Left-Handed _____ Ambidextrous

How do you classify your ethnicity: (to be used for government reporting purposes only)

- | | |
|--|---|
| _____ Nonresident alien | _____ Native Hawaiian or Pacific Islander |
| _____ Hispanic / Latino | _____ White or Caucasian |
| _____ American Indian or Alaska Native | _____ Two or more races |
| _____ Asian | _____ Race and ethnicity unknown |
| _____ Black or African American | |

Academic History

High School Attended: _____ Year Graduated: _____

If non-grad: Grade Completed: _____ Do you have a GED? Yes _____ No _____

Have you attended another school beyond high school? Yes _____ No _____

If yes, Name of School: _____ Dates Attended: _____

Did you receive financial aid? Yes _____ No _____

If yes, what type: Pell _____ Stafford _____ SLS _____ PLUS _____ ***Other***

Have you been convicted of a felony or misdemeanor, (excluding moving violations)? Yes _____ No _____

If you answered yes, please state the nature and date of the offense(s):

Emergency Contact Information

Name: _____ Telephone No: (____) _____ - _____
Street: _____ City: _____ State: _____ ZIP: _____

Parent or Guardian: _____ Telephone No: (____) _____ - _____
Street: _____ City: _____ State: _____ ZIP: _____

Father's Employment: _____ Mother's Employment: _____
Employer's Address: _____ Employer's Address: _____

Student Tracking Information

Why did you choose to attend our school? _____

How did you hear about our school? _____

When do you wish to begin school? _____

Do you need financial assistance to attend our school? Yes _____ No _____

Have you applied for financial aid? Yes _____ No _____

List hobbies or special interests: _____

DRESS CODE

Revised 04/01/2022

ALL STUDENTS:

Students are required to wear proper uniforms. All students are to wear black pants (Dickies or Cherokee recommended). Each program will have a corresponding T-Shirt for their particular program. Cosmetologist shirts are Royal Blue, Barbers are Antique Irish Green, Nail Technicians are Gravel Gray, Aestheticians are Indigo, and the Instructors are a Charcoal Gray or Black.

Student uniforms must fit properly and professionally. Uniforms may not be too loose, droopy and baggy, nor may they may be too tight and revealing. Uniforms may be neither too long nor too short; pants and shirts may neither hang down nor ride up; pants must come down to the top of your shoes but be at least one inch off of the ground. Students may not wear jeans, leggings, sweat pants or sport pants. Students may not wear hats at any time. If you wear a cap when you go out for lunch, please be sure and remove it once you are back in the building. No hoodies, sweatshirts, or jackets are to be worn as part of the uniform. If you feel chilly, please consult the staff about wearing a cardigan sweater in either black or white.

If you change out of your uniform once you have been clocked in, you will be clocked out for the day. Uniforms must be worn at all times while on the clock.

Any student not in uniform will not be allowed to clock in until they are in uniform. Any portion of body parts revealed because of improper fitting uniforms will not be allowed.

Shoes must be clinic shoes or tennis shoes of a **solid uniform color, and must be leather**. Socks or stockings must be worn at all times. You may not wear open toes shoes, sandals, or open back shoes.

Make sure your uniforms are clean at all times. Watch your personal hygiene. Please take a daily bath, used deodorant, soap and water. Watch the use of strong cologne as this may disturb some clients allergies.

THIS DRESS CODE WILL BE STRICTLY ENFORCED WITH NO EXCEPTIONS!

Student may be sent home by any staff member for failure to follow dress code

Student

Date

By signing this document, the student acknowledged that they have read and understand the requirements of this School's dress code policy.

POLICY ON CHECKING TIME

The Charleston School of Beauty Culture has established safe guards to help insure that each student’s time is posted correctly in the computer time clock, which is the official record of time for all students as required by the West Virginia Board of Barbers and Cosmetologist. However, as a student you are responsible to do the following to insure that your time is correct.

Clocking IN/OUT procedures

1. At the beginning of each week you are issued a new paper time card which will have Saturdays date at the top, which you pick up each morning in the office. This card has your name and a bar code that identifies you in the computer time clock. It also has a hand written number in the corner which is for staff use only and is subject to change from week to week, so do not get into the habit of asking for a certain number each week.
2. Upon receiving your paper time card you are to clock in at the time clock and then scan the bar code at the computer time clock and verify that your name appears and indicates you are IN along with your clock in time and your total hours completed as of your last day of attendance.
3. At break and lunch time you are to scan the bar code at the computer time clock and then punch the time clock. Upon returning from your breaks and lunch you follow the same procedure as outlined in step 2 shown above. You are required to punch in and out on both the paper time card and the computer time clock for **ALL** breaks and lunch.
4. You are required to punch in and out for a 30 minute lunch at your assigned lunch time and if you are unable to take your lunch as scheduled, then you are responsible for having your instructor sign the paper time card verifying that an early or late lunch was approved. Please refer to rule #8 in your Student Handbook. If you leave the building for any reason you must punch in and out on both the time clock and computer time clock. [Barber students are considered out of the building once they leave the 4th floor unless attending class on another floor.]

Time Verification procedures

5. It is the responsibility of each student to verify their previous weeks’ time by checking and signing the TIME CLOCK SCAN ACTIVITY LOG, which is available for review for a period of 5 days and is located by the 1st floor computer time clock.
6. You are required to sign the TIME CLOCK SCAN ACTIVITY LOG each week verifying that you have checked your previous weeks’ time for accuracy. If you feel that there is a discrepancy with your time then you sign and circle the day[s] in question, so that your paper time card may be compared to the computer time clock, so corrections can be made if a discrepancy does exist between them. **NO CORRECTIONS WILL BE MADE TO ANYONES TIME UNTIL THE 5 DAY REVIEW PERIOD HAS ENDED!** If you fail to verify and sign the TIME CLOCK SCAN ACTIVITY LOG during the 5 day review period then your time will be considered correct and will be finalized and reported as such to the appropriate agencies.
7. Any student who believes that a discrepancy may exist with their time, may request to compare their paper time cards to their computer time log. **PROVIDED** they have followed the Clocking IN/OUT and Time Verification procedures. Such request will be scheduled on a non-instructional day and the student **will not** receive credit of time towards their graduation requirements for doing so.

Student Signature

Date

School Representative

Date



Charleston School of Beauty Culture

Financial Aid Policy On Prior Balances, Overtime & Satisfactory Attendance

Students who meet the minimum requirements for attendance and academic progress will be considered to be making satisfactory progress until the next scheduled evaluation. Students must maintain Satisfactory Progress in order to continue receiving any Title IV funding for which they may be eligible.

In accordance with WV CSR § 3-4-6.2, students must maintain a **minimum 80% attendance** in order to be considered maintaining **Satisfactory Attendance**. Students are required to complete their course of study within scheduled hours of no more than 125% of their program length.

It is the Department of Education's policy that: "FSA funds may only be used to pay for the student's costs for the period for which the funds are provided." Student Aid Handbook, p. 4-34, *referencing* 34 CFR 668.164(c)(3) & (4).

It is the Department of Education's policy that: "A school may not use Title IV funds to pay overtime charges for a student who fails to complete his or her academic program within the normal time frame." Student Aid Handbook, p. 3-37, *referencing* Section 472 of the HEA.

This means that Title IV Funds, which include Pell Grants & Direct Student Loans, may not be used to pay for a previous balance from a prior enrollment at this school nor may they be used to pay any overtime which you may incur.

Overtime is defined, as per the school catalog, as additional time for completion of the course in which they are enrolled beyond their stated contract date, they will be responsible for paying additional tuition at the rate of \$60.00 per day or any portion of a day. This will be calculated on the number of hours the student still needs to complete at the end of their contract date based on the number of hours per week scheduled for full time students in the course in which they are enrolled.

Remember that financial aid is only available for those students who qualify for aid enrolled in those programs qualifying for financial aid. The 400 Hour Manicuring course is not eligible for Title IV funding.

Student

Date

CAMPUS SECURITY INFORMATION & CRIME STATISTICS

Should you witness a crime in progress, call the police. Charleston Police Department's number is 304-348-8111. This institution does not maintain its own campus police force. Should any crime of a serious or threatening nature occur, students shall be informed in a timely manner, by their instructor or office personnel. It is vital to any criminal proceeding that the victim should strive to preserve evidence of the criminal offence.

In addition to calling the police, there are other programs in the area to assist the victims of domestic and sexual crimes. The YWCA has a *Resolve Family Abuse Program*, for domestic violence, with a 24 hour crisis line available (304) 430-3549, and operates *Sojourners's Homeless Shelters for Women & Families*, (304) 340-3562. In addition, Roarke-Sullivan Lifeway Center offers assistance and shelters for men, (304) 340-3616.

During the hours of 8:30 AM until 5:00 PM Monday through Friday, and 8:00 AM until 4:30 PM on Saturday contact the school owner, manager, one of the instructors on the floor or one of the office personnel. These designated individuals will notify local law enforcement agency/emergency medical system, depending on the seriousness of the incident. In addition, emergency numbers are posted by the time clock, and on the bulletin boards.

The school will respect the privacy of all students; however, the school reserves the right for authorized personnel and/or law enforcement agents to enter the premises for emergencies, enforcement of our drug and alcohol abuse policies and for other reasonable causes.

To insure prompt reporting of a crime, authorized school personnel will take a written statement from involved parties, and all witnesses to all reported emergency or criminal incidents. The written statements are included as a part of the written report, and these statements may be used by local/state law enforcement authorities for the purpose of criminal apprehension and/or crime prevention.

The school is in compliance with the Drug Free Schools and Communities Amendment of 1989 (Public Law 101-226). Students and school personnel refer to the memorandum "Drug Free Schools and Campus Standards" or the school's "Drug & Alcohol Abuse Awareness Policy" for information regarding campus policies and individual responsibilities required under this Act.

CRIME STATISTICS

In compliance with Public Law 102-226, the following information on campus crimes, including the parking lot rented for school use, is reported for your review. Our campus is defined as the building and the immediately adjacent sidewalk. This institution has no non-campus buildings or properties.

The following information is updated on an annual basis and is available to students, employees and applicants upon request. This institution's penalty for weapons violations, drug violations, violent crime and sexual offenses is immediate termination. Information regarding registered sex offenders is available at the official WV state police web site <http://www.wvstatepolice.com/sexoff/>.

Signature

Date

The following criminal offenses were reported to school authorities or local police agencies:

Criminal offense	On Campus				On Public Property		
	2020	2021	2022		2020	2021	2022
Murder/Non-negligent manslaughter	0	0	0		0	0	0
Sex Offenses – Rape	0	0	0		0	0	0
Sex Offenses – Fondling	0	0	0		0	0	0
Sex Offenses – Incest	0	0	0		0	0	0
Sex Offenses – Statutory Rape	0	0	0		0	0	0
Robbery	0	0	0		0	0	0
Aggravated Assault	0	0	0		0	0	0
Burglary	0	0	0		0	0	0
Motor Vehicle Theft	0	0	0		0	0	0
Arson	0	0	0		0	0	0

CRIME STATISTICS – HATE CRIMES

The following racially/lifestyle motivated criminal offenses were reported:

On Campus	Category of Bias for crimes reported in 20/21/22 respectively								
	Criminal offense	Race	Religion	Sexual Orientation	Gender	Gender Identity	Disability	Ethnicity	National origin
a. Murder/Manslaughter	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
b1. Sex Crime: Rape	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
b2. Sex Crime: Fondling	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
c1. Sex Crime: Incest	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
c2. Sex Crime: Stat. Rape	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
d. Robbery	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
e. Aggravated assault	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
f. Burglary	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
g. Motor vehicle theft	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
h. Arson	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
i. Simple Assault	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
j. Larceny-theft	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
k. Intimidation	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
l. Destruction of property	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0

Public Property	Category of Bias for crimes reported in 20/21/22 respectively								
	Criminal offense	Race	Religion	Sexual Orientation	Gender	Gender Identity	Disability	Ethnicity	National origin
a. Murder/Manslaughter	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
b1. Sex Crime: Rape	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
b2. Sex Crime: Fondling	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
c1. Sex Crime: Incest	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
c2. Sex Crime: Stat. Rape	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
d. Robbery	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
e. Aggravated assault	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
f. Burglary	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
g. Motor vehicle theft	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
h. Arson	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
i. Simple Assault	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
j. Larceny-theft	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
k. Intimidation	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
l. Destruction of property	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0

Local police agencies made criminal arrests or offenses were referred to the authorities:

Reported	On Campus			On Public Property		
	2020	2021	2022	2020	2021	2022
VAWA offenses						
Domestic Violence	0	0	0	0	0	0
Dating Violence	0	0	0	0	0	0
Stalking	0	0	0	0	0	0
Arrests	On Campus			On Public Property		
	2020	2021	2022	2020	2021	2022
Criminal offense						
Liquor Law Violations	0	0	0	0	0	0
Drug Abuse Violations	0	0	0	0	0	0
Weapons Possession	0	0	0	0	0	0
Disciplinary Actions	On Campus			On Public Property		
	2020	2021	2022	2020	2021	2022
Criminal offense						
Liquor Law Violations	0	0	0	0	0	0
Drug Abuse Violations	0	0	0	0	0	0
Weapons Possession	0	0	0	0	0	0



Charleston School of Beauty Culture

July 14, 2022

PHOTO RELEASE FORM

I, _____, do hereby give Charleston Academy of Beauty Culture, Inc., d/b/a/ Charleston School of Beauty Culture, Inc., their assigns, licenses and legal representatives the irrevocable right to use my name and/or photograph in all forms and media in all manners including composite or altered representations for advertising, trade or any other lawful purposes; and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I am over 18 years of age, and I have read this release and am fully familiar with its contents.

Person being photographed: _____

Address: _____

Date: _____, 20____

Student Signature: _____

CONSENT (if applicable)

I am the parent or guardian of the minor names above and have the legal authority to execute the above release; and I approve the foregoing and waive any rights in the premises.

Student Signature: _____

Parent or Guardian (if applicable): _____

Address: _____

Date: _____, 20____

Emergency Contact Information

Due to recent events, such as the West Virginia American Water's water emergency, AEO's power outage, and inclement weather which forced the closure of the Charleston School of Beauty Culture unexpectedly, we are working to implement an emergency notification system that will automatically contact you via telephone and/or email in the event of an emergency or with important information concerning you as a student of Charleston School of Beauty Culture.

Please complete the following document with valid information so that we may communicate information to you quickly and efficiently.

PLEASE PRINT:

Last Name: _____ First Name: _____

Telephone Number: (____) ____ - _____

E-mail Address: _____@_____

How would you prefer to be contacted in the event of an emergency?

Check One:

_____ By Telephone

_____ By E-mail

_____ By both

Thank you for your co-operation

Charleston School of Beauty Culture

210 Capitol Street

Charleston, WV 25301

(304) 346-9603

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



State of West Virginia
Board of Barbers and Cosmetologists
Tel: (304) 558-2924
Fax: (304) 558-3450
www.wbbbc.com

Certificate of Health Form

To the Health Care Professional:

This form should be used for patients who need to be examined by a physician, physician's assistant or a nurse practitioner to apply for a professional license, certificate, registration or permit in the barbering, cosmetology, aesthetics, nail technology, hair styling or waxing industry. Please complete the below portion of this form and sign and date the form.

To the Applicant:

You need to have a physical examination to apply for a professional license, certificate, registration or permit in barbering, cosmetology, aesthetics, nail technology, hair styling or waxing. Your physician, physician's assistant or a nurse practitioner must complete, sign and date this Certificate of Health form. You must submit your application within one (1) year from the date of this examination.

Certificate of Health:

I am a duly licensed Physician , duly licensed Physicians Assistant , or duly licensed Nurse Practitioner , and hereby

state that in the course of a routine examination of _____, on
(Applicant's Name)

_____. I found no clinical evidence of the presence of infectious or
(Date of Physical Examination)

communicable disease which would pose a significant risk or direct threat to the health or safety of members of the public in the conduct of the applicant's occupation.

Print Name of Physician: _____ Date: _____

Address of Practice: _____

Physician's Signature: _____ Title: _____



WVBBC COVID-19 SCREENING

PLEASE READ EACH QUESTION CAREFULLY

PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU

Have you experienced any of the following symptoms in the past 48 hours:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- diarrhea

YES

NO

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or anyone who has any symptoms consistent with COVID-19?

YES

NO

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

YES

NO

Are you currently waiting on the result of a COVID-19 test?

YES

NO

Did you answer NO to ALL QUESTIONS?

Please sign and date where indicated below and submit along with your application.

Did you answer YES to ANY QUESTION?

You must submit a completed Certificate of Health Form along with your application.

Form available at <https://wvbbc.com/Portals/WVBBC/docs/CERTIFICATE%20OF%20HEALTH.pdf>

Applicant's Name

Applicant's Signature

Date



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 Fax: (304) 558-3450
 www.wvbbc.com

PLEASE COMPLETE
PAYMENT METHOD (CIRCLE ONE):
 CHECK MONEY ORDER
 CHECK/MONEY
 ORDER #:
CASH IS NOT ACCEPTED

MAIL COMPLETED APPLICATION TO: WVBC; P.O. BOX 40235, CHARLESTON, WV 25364

STUDENT REGISTRATION

Please include the items below:

\$25.00 Registration Fee Copy of Social Security Card Completed Certificate of Health form

Passport-sized Photo Copy of Photo ID

REGISTRATION TYPE <input type="checkbox"/> 1st Time Registration <input type="checkbox"/> Re-Enrollment <input type="checkbox"/> Transfer <input type="checkbox"/> Course Change	COURSE REGISTRATION <input type="checkbox"/> Cosmetology <input type="checkbox"/> Nail Technology <input type="checkbox"/> Barber <input type="checkbox"/> Aesthetics <input type="checkbox"/> Waxing <input type="checkbox"/> Hair Styling	STUDENT START DATE <input type="text"/> SCHOOL NAME <input type="text"/>
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STUDENT INFORMATION

SSN # DATE OF BIRTH

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS PHONE #

CITY ZIP CODE COUNTY OF RESIDENCE

EMAIL

APPLICANT NOTICE

- *Certificate of Health form must be completed within the last 12 months.
- *If your first, middle, or last name differ on any documentation, you must submit proof of name change (copy of marriage certificate/license or an official court document).
- * All applicants for initial licensure or certification to practice barbering, cosmetology, nail technology, aesthetics, hair styling, or waxing must meet the requirements for licensure or certification according to the provisions of Chapter 30, Article 27, Code of West Virginia.



The signatures below from the student and school manager/owner/administrator indicate that the student has enrolled during study referenced above and that the student has met the minimum requirements to enroll as a student in accordance to Chapter 30, Article 27 of West Virginia State Code. The signature of the school manager/owner/administrator affirms that the student will not commence studies without first obtaining a student registration as required by law.

Student Signature Date Signed

School Authorized Signature Date Signed

Revised: APRIL 28, 2022