FACE OF BEAUTY

Beautician Skills Training Center

A program of the Bassa Forward Initiative (BFI)

Under the Wahblojah Foundation for Development — Grand Bassa County, Liberia

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STUDENT ENROLLMENT FORM

SECTION 1: PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Gender: _____ Phone Number: _____

Community / Town: _____

County / District: _____

Nearest Landmark: _____

SECTION 2: FAMILY / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship: _____

Phone Number: _____

Community / Town: _____

SECTION 3: EDUCATION BACKGROUND

Highest Level of Education Completed:

☐ No formal education

☐ Elementary (1st – 6th grade)

☐ Junior High (7th – 9th grade)

☐ Senior High (10th – 12th grade)

☐ Vocational / Trade school

☐ College / University

Name of Last School Attended: _____

SECTION 4: PROGRAM ENROLLMENT

Date of Enrollment: _____

Skills of Interest (check all that apply):

☐ Hair braiding & styling

☐ Makeup & skin care

☐ Nail art & manicure / pedicure

☐ Wig making

☐ Barbering

☐ Lash extensions & eyebrow shaping

☐ Henna / body art

☐ Other: _____

Preferred Schedule:

☐ Morning (8 AM – 12 PM)

☐ Afternoon (1 PM – 5 PM)

☐ Full day

SECTION 5: EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number:

SECTION 6: STUDENT DECLARATION

I hereby confirm that the information provided above is true and correct to the best of my knowledge. I understand that enrollment in Face of Beauty is subject to the rules and guidelines of the program. I commit to attending classes regularly and conducting myself in a manner that reflects the values of the Bassa Forward Initiative and the Wahblojah Foundation for Development.

Student Signature: Date:

Guardian Signature: Date:

FOR OFFICE USE ONLY

Student ID #:

Enrolled by:

Start Date: Expected Completion:

Notes: