

Student Admission Application

Please Print

Name:				
Address:		Apt:		
City:	State:	Zip C	Zip Code:	
Primary Phone:	E-	-Mail:		
Date of Birth:				
How did you hear about us? (sel	s □ Internet □ Tel			
☐ Groomer ☐ Other (please	e specify)			
Do you have previous experienc	•			
Why would you like to become a	a pet groomer?			
Are you able to stand for four he	ours at a time?	Yes No		
Are there any health issues that successfully? \Box Yes \Box No		ult for you to complete t	he course	
If yes, please explain:				

Select your program preference: \square Basic Grooming (400 hrs) \square Pet Grooming Plus (600 hrs)
Select your preferred start date:
□ Jan. 8, 2024 □ Jan. 15, 2024 □ Feb. 5, 2024 □ Feb. 19, 2024 □ Mar. 4, 2024
☐ Mar. 18, 2024 ☐ Apr. 1, 2024 ☐ Apr 15, 2024 ☐ May 6, 2024 ☐ May 20, 2024
□ Jun. 3, 2024 □ Jun. 17, 2024 □ Jul. 8, 2024 □ Jul. 15, 2024 □ Aug. 5, 2024
☐ Aug. 19, 2024 ☐ Sept. 9, 2024 ☐ Sept. 23, 2024 ☐ Oct. 7, 2024 ☐ Oct. 21, 2024
□ Nov. 4, 2024 □ Nov. 18, 2024 □ Dec. 2, 2024
☐ Please check if you are interested in our 2025 start dates
Select your class schedule preference: ☐ Full-Time (Monday – Friday 8:00 am – 5:00 pm)
\Box Part-Time (Minimum of three full days a week)
*Part-time schedules are based on availability and subject to approval
Are you: \square Left-Handed \square Right-Handed
Have you requested and reviewed the school catalog? $\ \square$ Yes $\ \square$ No
If no, please do so prior to arriving for your scheduled tour of the school.
I acknowledge that once I submit the application for admission, I will be contacted by a school official at the Michigan School of Canine Cosmetology. I understand that start dates and schedule preferences are subject to availability and submission of this application does not guarantee or reserve preferred dates.
p -y
Signature: Date:

Send to: Michigan School of Canine Cosmetology 5915 S. Cedar Street, Lansing, MI 48911

You may also email your application to: mscck9grooming@gmail.com