



Cosmetology or Barbering
SCHEDULE – OPEN ENTRY
TCSD Community Learning Center
211 South Tooele Blvd

Registered by: _____

Date: _____

Name: _____ TATC I.D.# Effective Date: _____

Campus: CLC Instructor: _____ Student Type: Adult or HS - Grade _____ Home HS _____
 Pre-Registration Form Rec'd

Cosmetology/Barbering Cosmetology/Barbering INSTRUCTOR Barbering

Time	Tues	Wed	Thur	Fri	Sat *	Hours
8:00 - 9:00 AM						
9:00-10:00 AM						
10:00-11:00 AM						
11:00-12:00 AM						
12:00-1:00 PM						
1:00-2:00 PM						
2:00-3:00 PM						
3:00-4:00 PM						
4:00-5:00 PM						
5:00-6:00 PM						
6:00-7:00 PM						
7:00 - 8:00 PM						
8:00 - 9:00 PM						
Teach-out Hours	Must be minimum of 16 hrs per week.				Total Hours per Week	

*Teach-out student will get first choice for Saturday hours.

Amount Due at Enrollment:

Registration - \$40 Program..... _____

Reinstatement fee - \$20..... _____

Amount Paid / Amount Voucher Written for: _____ Rec'd By _____ Date _____

Guarantor Information: (Students must provide voucher)

Deseret Industries: _____

DWS Contact: _____

VA Voc Rehab Contact: _____

Voc Rehab Contact: _____

LYFE Contact: _____

Other _____ Contact: _____

Sponsor Location or Address:

TATC Scholarship: _____

TATC Employee Benefit ___ Employee ___ Spouse/Child
 (Employee's name: _____)

TATC Professional Development (requires prior approval
 from supervisor, memo attached)

Parent/Guardian: _____