



# ARTIVO ACADEMY

COSMETOLOGY ARTS AND SCIENCES

## PRE-ENROLLMENT APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Course Applying For: Cosmetology \_\_\_\_\_

Hairstyling \_\_\_\_\_

Thank you for your Pre-Enrollment Application. An enrollment specialist will contact you to set up interview.

Kind Regards,

Joseph Bogart

Co-Founder / Director of Operations, Sales, and Education

[artivoacademy@gmail.com](mailto:artivoacademy@gmail.com)

505-917-9506