



## Northern Tier Career Center

120 Career Center Lane

Towanda, PA 18848

(570) 265-8111

Fax: (570) 265-3002

[www.ntccschool.org](http://www.ntccschool.org)

# Cosmetology

## Parents....

Attending the Northern Tier Career Center is the first step — a BIG step — in the development of a long-term, rewarding career. We believe in teaching the skills that will be needed for jobs that are currently in demand. Your child will be ready to continue on to college, technical school or enter their career field immediately after graduation.

A vital part of your child's professional growth and development will entail them learning how to prepare for the workforce. The following items will need to be purchased to assist your child in training:

1. Shoes or sneakers with non-skid soles
2. Cosmetology kit (minimum cost of \$128 with ability to upgrade as students desire). **Please call NTCC by June 30<sup>th</sup> to let us know if you need a right or left handed kit,**
3. Physician's Affidavit must be turned in the first week of school.
4. 2" three ring binder

\*These items may be purchased independently or through the school. The NTCC does purchase item(s) in large quantities, thus minimizing associated costs. If you chose to have the items purchased by the NTCC, please provide a check or money order to the NTCC in the above amount on the first day of instruction.

All students will be required to dress in a manner consistent with the industry standard, as deemed by the instructor. Students must come to class dressed in a professional manner and prepared to learn with tools and equipment as needed.





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Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home School District \_\_\_\_\_

### **To be completed by physician:**

As a licensed and registered physician, physician's assistant, or nurse practitioner, under the laws of the Commonwealth of Pennsylvania, I have examined and find the above-named student to be free of all infectious diseases.

\_\_\_\_\_

\_\_\_\_\_

Examining Physician's

Physician's Printed Name

Physician's Printed Address and Affiliation

\_\_\_\_\_

\_\_\_\_\_

Physician's Registration No.

\_\_\_\_\_