SCHOOL OF BEAUTY
HNA Honolulu
NAILS & AESTHETIC ACADEMY

Honolulu Nails & Aesthetics Academy

Application for Admission

Enrolling program start date: _____, 20_____

☐ Aesthetician License Program at Campus

(Total 600 hours: 450 hours at Campus/150 hours at home)

☐ **Full-time (Monday to Friday: 9am-4pm)**

☐ **Basic** ☐ **Plus**

☐ **Night class / Part-time (Monday to Friday: 5pm-9pm)**

☐ **Basic** ☐ **Plus**

☐ **Full Online** Aesthetician License Program (600 hours)

PAYMENT OPTION

☐ Pay in full upon enrollment

☐ I prefer a payment plan (Registration fee $100)

Please download the payment plan from our website and submit it by e-mail to yuko.ho@honolulunailacademy.com

☐ VA / GI Bill

☐ Other _____

STUDENT INFORMATION

Name: Last First Middle	**Home Phone:** **Cell Phone:** **Email:**
Address: Street & Number City/State Zip	
Social Security Number:	**Date of Birth: Month / Day / Year**
Sex: ☐ **Female** ☐ **Male**	**Country of citizenship**
Current Employment Name:	**Phone:**
Will you be working during school: ☐ **Yes** ☐ **No**	**If yes, where and schedule:**
English language: ☐ **Poor** ☐ **Average** ☐ **Excellent**	**What language do you speak/write fluently:** _____

Do you have any physical, mental or sensory conditions or allergies that might affect your performance?

☐ **Yes** ☐ **No** **If yes, please specify:** _____

Do you have any background or experience in this profession:

☐ **Yes** ☐ **No** **If yes, please specify:** _____

Upon graduating, do you plan to work in this profession:

☐ **Yes** ☐ **No**

Have you attended another Beauty School:

☐ **Yes** ☐ **No** **If yes, School of name:** _____

Why are you interested in our program:

Your uniform size: _____**Small** _____**Medium** _____**Large** _____**X-Large** _____ **2X-Large**

How did you hear about us:

☐ **Our own website** ☐ **Instagram** ☐ **Facebook** ☐ **Google search**

☐ **Internet ad** _____ ☐ **Newspaper or Magazine ad** _____
(name of page) **(name of media)**

☐ **Previous student** _____ ☐ **Friend or Family** ☐ **Other** _____
(name of media)

In the event of Emergency:

1) Name: _____ **2) Name:** _____

Phone: _____ **Phone:** _____

Relationship: _____ **Relationship:** _____

Supporting Documents:

1. **Be at least 16 years old of age. If you are under 18, parent or guardian must enroll the applicant.**
2. **Copy of ID (Passport, State ID, or Driver's license)**
3. **A deposit of $500USD Check, Money order or Credit card**
4. **Completed HNA Application form**
5. **Completed Payment plan application form (download from our website)**
6. **A copy of high school diploma or the education equivalent (G.E.D. certificate) *If you take the Hawaii state exam**
7. **(For Advanced course) Copy of Certificate: Person who has nail training or has a nail license.**

I hereby grant permission regarding all photographs taken of me or my work to be used for illustration, promotion, and advertising.

Initials _____

I certify that this application is correct to the best of my knowledge. I understand that by signing this application I acknowledge and I agree to all the rules and policies of Honolulu Nails & Aesthetics Academy.

Signature of applicant: _____ **Date:** _____

Signature of Parent / legal guardian _____ **Date:** _____
(under 18 applicant)

LOCATION

Honolulu Nails & Aesthetics Academy
438 Hobron Lane, #207-208, #305
Eaton Square
Honolulu, Hawaii 96815
Tel (808) 944-1121