



**Honolulu Nails & Aesthetics Academy**  
**Application for Admission**

Enrolling program start date: \_\_\_\_\_, 20\_\_\_\_\_

**Nail Technician License Program at Campus**

(Total 350 hours: 250 hours at campus/100 hours at home)

- Full-time (Monday to Friday: 9am-4pm)
- Morning (Monday to Friday: 9am-12pm)
- Afternoon (Monday to Friday: 1pm-4pm)
- Flexible Class (couple time a week: start at 9am or 1pm)

**Full Online Nail Technician License Program (350 Hours)**

**PAYMENT OPTION**

- Pay in full upon enrollment
- I prefer a payment plan (Registration fee \$50)  
[Please download the payment plan from our website and submit it by e-mail to yuko.ho@honolulunailacademy.com](mailto: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: <input type="checkbox"/> Female <input type="checkbox"/> Male		Country of citizenship		
Do you need M1 visa (For international student) support from our school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current Employment Name:			Phone:	
Will you be working during school: <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, where and schedule:	

<b>English language:</b> <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent	<b>What language do you speak/write fluently:</b> _____
<b>Do you have any physical, mental or sensory conditions or allergies that might affect your performance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                    If yes, please specify: _____	
<b>Do you have any background or experience in this profession:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                              If yes, please specify: _____	
<b>Upon graduating, do you plan to work in this profession:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you attended another Beauty School:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                              If yes, School of name: _____	
<b>Why are you interested in our program:</b>  	
<b>Your uniform size:</b> _____Small    _____Medium    _____Large    _____X-Large    _____ 2X-Large	
<b>How did you hear about us:</b> <input type="checkbox"/> Our own website <input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Google search  <input type="checkbox"/> Internet ad _____ <input type="checkbox"/> Newspaper or Magazine ad _____ (name of page)                                      (name of media)  <input type="checkbox"/> Previous student _____ <input type="checkbox"/> Friend or Family <input type="checkbox"/> Other _____ (name of student)	
<b>In the event of Emergency:</b>  1) Name: _____                              2) Name: _____  Phone: _____                                Phone: _____  Relationship: _____                              Relationship: _____	
<b>Supporting Documents:</b>  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 \$200.00USD 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) <b>*If you take the Hawaii state exam</b> 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