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|--|--|--|--|
| Will you be working during school: | | If yes, where and schedule: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| English language: | | What language do you speak/write fluently: | |
| <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent | | _____ | |
| Do you have any physical, mental, or sensory conditions or allergies that might affect your performance? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ | | | |
| Do you have any background or experience in this profession: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ | | | |
| Upon graduating, do you plan to work in this profession: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you attended another Beauty School: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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: | | | |
| <input type="checkbox"/> Our own website <input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Google search | | | |
| <input type="checkbox"/> Internet ad _____ (name of the page) | | <input type="checkbox"/> Newspaper or Magazine ad _____ (name of media) | |
| <input type="checkbox"/> Previous student _____ (name of media) <input type="checkbox"/> Friend or Family <input type="checkbox"/> Other _____ | | | |
| 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, a 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 (GED certificate) <u>*If you take the Hawaii state exam</u> 7. (For VA students) A copy of the Certificate of Eligibility 8. (For Advanced course) Copy of Certificate: Person who has nail training or has a nail license. | | | |
| I hereby grant permission regarding all photographs of me or my work to illustrate, promote, and advertise. | | | |
| Initials _____ | | | |
| I certify that this application is correct to the best of my knowledge. I understand that I acknowledge that by signing this application, I agree to all the rules and policies of Honolulu Nails & Aesthetics Academy. | | | |
| Signature of applicant: _____ | | Date: _____ | |
| Signature of Parent / legal guardian _____ (under 18 applicants) | | Date: _____ | |

LOCATION

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