

Application for Admission

IBS School of Cosmetology and Massage

110 E. Kaahumanu Ave.,
Ste. 201 Kahului, Hawaii 96732
Tel: 808-214.5293
Email: maui@ibs-or.com

GENERAL INFORMATION:

Student Name _____ Soc. Security # _____ Birth Date _____ Age _____

Address _____

Dominate Hand? _____ Cell Phone _____ Cell Phone Provider _____

ID # _____ State _____ Email _____

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	CITIZENSHIP: Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No	USING VA BENEFITS: <input type="checkbox"/> Yes <input type="checkbox"/> No	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	EDUCATION: <input type="checkbox"/> Current High School <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Other: _____
--	---	--	--	--	--

EMERGENCY CONTACT:

Name _____ Phone _____ Relation _____

ETHNICITY:

<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Alien Other	<input type="checkbox"/> Unknown

PROGRAM(S) APPLYING FOR: (CIRCLE)

Hair Dressing – 1250hrs Nail Technology – 350hrs Esthetics – 600hrs Cosmetology – 1800hrs
Barbering – 1500hrs Massage Therapy – 600hrs Beauty Instructor Training- 600hrs

Transfer/Re-Entry Student – Hours Needed: _____

_____ Full Time _____ Part Time Requested Start Date: _____

A **non-refundable \$25 application fee**, payable to IBS School of Cosmetology and Massage must accompany your application. No application is processed without payment of the application fee. Applicants must submit **two forms of identification**: 1) **Social Security Card**; 2) **Government issued identification with photo**; 3) Birth Certificate; 4) if the student is an eligible non-citizen (a copy of the alien registration card) and proof of secondary education (Copies of a **high school diploma**, high school transcripts showing high school graduation date, **GED or High School Equivalency** certificate or official High School Equivalency diploma test scores) along with application and application fee. If accepted into the school a **registration fee of \$150** will be paid immediately to process enrollment and hold your place in classes. **We also need proof of Immunizations: Measles-Mumps-Rubella (MMR), Tetanus-diphtheria-pertussis (Tdap), Varicella vaccines, and Certificate of Tuberculosis Examination.**

While the application process is the same as that of other students, upon admission, veterans wishing to use educational benefits may need to provide additional documentation, such as a Certificate of Eligibility (COE) from the VA to demonstrate their eligibility for benefits. Classes that are successfully completed may not be certified again for VA purposes if they are repeated. All transcripts from previous education are required to be given to administrative staff prior to processing VA education benefits enrollment.

I certify that all statements on this application and accompanying documents are complete and true. I also understand that if I am admitted and do not enroll for the “start date” to which I am admitted, I may need to reapply for admission. I understand that submitted materials will not be returned or duplicated. Applications are valid for 6 months from the date received by the school.

Signature: _____ Date: _____

Administrative Use Only

Date Received _____ Application fee paid _____ Accepted _____ Denied _____

Registration fee paid _____ Orientation date scheduled _____

Notes: _____