

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 _____

Home Phone _____ Cell Phone _____ Cell Phone Provider _____

ID # _____ State: _____ Email _____

GENDER:

Female

Male

CITIZENSHIP:

Are you a U.S. Citizen?

Yes

No

VETERAN:

Are you a Veteran?

Yes

No

MARITAL STATUS:

Single

Married

Divorced

Widowed

EDUCATION:

Current High School

HS Graduate (Year: _____)

GED (Year: _____)

Other: _____

Emergency Contact:

Name _____ Relation _____ Phone _____

ETHNICITY:

Alaskan Native

Pacific Islander

American Indian

Caucasian

Asian

Non Resident Alien

African American

Other

Hispanic

Unknown

PROGRAM(S) APPLYING FOR:

Hair Dressing – 1250hrs

Barbering – 1500hrs

Transfer/Re-Entry Student – Hours Needed: _____

Nail Technology – 350hrs

Massage Therapy – 600hrs

Esthetics – 600hrs

Beauty Instructor Training 600hrs

Cosmetology – 1800hrs

_____ 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 due 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**. Applications are valid for 6 months from date received by the school.

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.

Signature: _____ Date: _____

Administrative Use Only

Date Received _____ Application fee paid _____ Accepted _____ Denied _____

Registration fee paid _____ Orientation date scheduled _____

Notes: _____