

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 _____

Driver's License # _____ 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 Student
 HS Graduate (Year: _____)
 GED (Year: _____)
 Other: _____

REFERENCES:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PROGRAM(S) APPLYING FOR:

- 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 proof of identity/age (photo ID), copy of Social Security Card, and proof of secondary education (Diploma, Official Transcripts, or GED) 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: _____