

**2009
APPLICATION FOR ADMISSION**



STUDENT INFORMATION (Please type or print clearly)

Name:		Last	First	Middle
* Home phone: _____		Alternative phone: _____		
* Email address: _____		Fax number: _____		
Social Security Number: ()-()-()		Date of Birth:	Month	Day Year
		() () ()		
Mailing Address:	Street & Number	City/State	Zip	Country
Sex:	Are you a US Citizen?		If no, country of citizenship:	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
If not US Citizen/permanent resident of the US? (copy of Alien Card required)		Alien Registration#:	Student Visa #:	
		_____	_____	
Do you require a student visa I-20: <input type="checkbox"/> Yes <input type="checkbox"/> No		* additional administrative fee will be charge for issuance		
Are you still attending high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, do you have a high school diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate the Program for which you are applying:				
Esthetician Program: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Cosmetology Program: <input type="checkbox"/> Full-Time		
*Enrolling Date/Year: _____		*Enrolling Date/Year: _____		
Makeup Program: <input type="checkbox"/>		Nail Program: <input type="checkbox"/>		
*Enrolling Date/Year: _____		*Enrolling Dte/Year: _____		
Massage Program: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Other Program: <input type="checkbox"/> _____		
*Enrolling Date/Year: _____		*Enrolling Date/Year: _____		
(minimum of 10% tuition deposit is required to better secure your spot on the program)				
Current Employment:	Employer:	Date Employed:	Position:	Telephone:
Will you be working during program: <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, where and what will be your schedule:		
English Level: <input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor		Please specify primary language: _____		
Do you have any special medical condition?				
Do you have any background or experience in this industry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____				
Are you currently licensed or ever been licensed as esthetician, Massage, cosmetologist, Manicurist, Make-up artist. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____				
Have you ever been convicted of a crime or ever been institutionalized: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____				

Please write a short paragraph describing why you are interested in our program:

Your shirt/jacket size: X-Small Small Medium Large X-Large XX-Large

OUT OF STATE APPLICANTS:

Will you be needing assistance in housing? Yes No If yes, what is your monthly budget: \$ _____

What is your preference in housing? Own room Shared room No preference

How did you hear about our school?

Previous Graduate Friend or family Newspaper Ad Internet Others: _____

In case of Emergency, Contact:

1) Name: _____ Telephone: _____ Relationship: _____

I certify that all of the above information is correct to the best of my knowledge. If accepted to International School of Beauty & Esthetique, I agree I will abide by all the rules, regulations, practices and policies of the school during the duration of my enrollment. International School of Beauty & Esthetique adheres to the principle of equal education opportunity without regards to race, handicap, sex, color, or national origin.

Signature of applicant: _____ Date: _____

Signature of Parent/Guardian (if under 18 years): _____

1. Upon receiving your application along with your application fee, your application will be reviewed.
2. You will be notified within 10 to 20 business days either by mail, fax or email upon approval.
3. Review and sign the Student Agreement.
4. Please submit one passport size photo ID along with this application.
5. Please submit a \$100 non-refundable application fee.

Please mail or fax the completed application along with your application fee to:

ISBE College
1888 Kalakaua Ave., Suite C-311 Honolulu, Hawaii 96815

Fax: (808) 942-0077

Payment Authorization The following is a personal authorization to charge my credit card as noted below

Please check below

- Application Fee \$100
 Tuition Fee: \$ _____ Student Kit: \$ _____
 Other: \$ _____

Total Amount to be charged to my credit card \$ _____

Credit Card Information

Visa Mastercard AMEX JCB Card Number: _____

Name on card: _____ Three (3) Digit Security Code: _____

Card Signature: _____