

## Internet Application Form

Name:		Please Circle	
		Female	Male
Address:			
City:	State:	Zip Code:	
Home #:	Work #:	Cell #:	
Date of Birth:	Social Security #:		
Drivers License #:	Nail Technology License #: (If applying for Instructor course)		
Are you a High School Graduate or equivalent?		Yes	No
Name of High School:			
Address of High School:			
What year did you graduate from High School?			

How did you attain your nail license?	Grandfather	School
If you attended school, where did you attend?		
What nail skills do you feel you are most proficient in?		
What is your strongest quality you will bring to CMN School?		

Date of class you wish to attend?
Were you referred by anyone? (if you were please include their name)

Student Signature

Date

After the school has received your application and enrollment fee, you will then be given a school catalog which will explain the institutions policies and procedures. You will then be eligible for an entrance exam.