

CHICAGO NAIL SCHOOL  
13004 S. Western Avenue  
Blue Island Il 60406  
708.597.9999 Fax. 708.597.1766

Prior to making an application for enrollment a personal interview and school tour is suggested.

Appointments are preferred and schedule on Tuesday, Thursday, and Friday between the hours 10:00 a.m. to 6:00 p.m. Wednesday 10:00a.m. to 3:00 p.m. Saturday 10:00 A.M. to 3:30 p.m.

Application and required documentation may be submitted during the interview. Class size is limited, base on space availability.

**PRE-APPLICATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (evening) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
eMail address \_\_\_\_\_

Are you a High School Graduate? YES \_\_\_\_\_ NO \_\_\_\_\_  
Do you have a GED Diploma? YES \_\_\_\_\_ NO \_\_\_\_\_  
Are you a College Graduate? YES \_\_\_\_\_ NO \_\_\_\_\_  
Have you completed the Eight Grade? YES \_\_\_\_\_ NO \_\_\_\_\_

Nail technology \_\_\_\_\_ approximate start date \_\_\_\_/\_\_\_\_  
Instructor \_\_\_\_\_ approximate start date \_\_\_\_/\_\_\_\_  
Refreshers \_\_\_\_\_ approximate start date \_\_\_\_/\_\_\_\_

**Will you be able to produce the following documentation if required:**

Drivers License/State ID \_\_\_\_\_  
Social Security Card \_\_\_\_\_  
High School Diploma/GED \_\_\_\_\_  
Marriage/Divorce Documents \_\_\_\_\_ if necessary.

With the official application, you must submit a \$100.00 Registration Fee, it is **Non-Refundable and will be used to secure a position in the next schedule class.** Should the class be cancelled the registration fee will be refunded. The registration fee is NOT transferable from one class to another or from one student to another. After the application has been submitted with the supporting documents and the fee a space will be reserved for you. The fee will reserve a space for the next schedule class.

How did you hear about our school?

\_\_\_Phone Book \_\_\_Salon\_\_\_ Graduate\_\_\_ Current Student \_\_\_

Other\_\_\_\_\_

Do you have any **life experience**, such as employment or education within the cosmetology industry? Detail if applicable\_\_\_\_\_

**After** course completion and licensure, **what is your professional goal for the first year?**\_\_\_\_\_

Are you interested in our teacher's training program? Yes \_\_\_\_\_ No \_\_\_\_\_

Other \_\_\_\_\_

SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

STAFF SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

Staff Notes