

Taylor'd Nails Academy

Nail Technology Course Application

Start Date: TBA Completion Date: TBA Course Fee: \$2500.00

Name of applicant: _____ Date of Birth: _____

Address: _____ Phone #: _____

Driver's License: _____

Do you have any known allergies? Yes No If any _____

Do you have any medical conditions? Yes No If any _____

Emergency contact: _____ Emergency number: _____

Have you ever been convicted of any crimes? Yes No If so, please explain _____

What is your highest level of education? _____

How many different jobs have you held? _____

How many sick days do you take a year? _____

Do you pick up new things easily? _____

Do you keep a daily calendar? _____

Why do you want to become a nail technician?

What is your long term goal as a nail technician?

I understand that I am applying for acceptance at Taylor'd Nails Academy and acceptance is not guaranteed. This academy reserves the right to not accept students they feel cannot benefit from training.

Signature: _____ Date: _____

Email application to taylorndnailsacademy@gmail.com

