



200 East State Road
Pleasant Grove, UT 84062
(801) 785-3113
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www.capellihair.com

STUDENT APPLICATION -NAIL TECHNICIAN

This application must include the \$50 non-refundable enrollment fee.

Last Name: First Name: MI:

Address:

City: State: Zip:

Home Phone: Daytime Phone: Email:

Place of Birth: DOB: Marital Status: Single Married Other

Gender: Male Female

US Citizen: Yes No Social Security Number:

Drivers License# State: Passport#

Why have you chosen a Nail Technician career?
[Three blank lines for response]

Course of Interest:

Nail Technician (300 hour - 16 week course)
Full Tuition: \$2,950

Start Date: January February March April May June
July August September October December

Schedule: Day School (11:00 am to 3:30 pm Tue - Fri 9:00 to 3:00 Sat)
Night School (4:00 pm to 9:00 pm Tue - Thur 9:00 to 3:00 Sat)

How did you hear about Capelli Institute?

Education:

High School State Year Graduated

College Degrees Earned

Special Interests: _____

Parent or Guardian: _____ Relationship: _____

Contact Phone Number: _____ Can we contact this person? Yes No

Your Current Occupation: _____ Contact Person: _____

Contact Phone Number _____ Can we call this person as a reference? Yes No

Who should we contact in the event of an emergency?

Name: _____ Phone Number: _____

Relationship: _____ Alternant Number: _____

Payment Options:

I plan to take a personal loan I will be paying with: Cash Credit Card Check

I would like to pay through Capelli Payment Option #1 #2 #3

I would like to pre-pay the entire \$2,950 tuition with the 7% discount (total \$2,743.50)

I certify under penalty of law that the above information provided is true and correct.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Signature of Parent or Guardian
(If under the age of 18) _____ Date: _____

The Cosmetology industry, including Nail Technician requires an individual to stand for long periods. Anyone who suffers from serious neck, back, hand, wrist or leg problems, or has allergies from chemicals used in nail and manicuring products should consult their physician before beginning any of our courses.

To the best of my knowledge, I do not suffer from any physical or mental disorders, which may prevent my completion of this course in the time allowed.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Signature of Parent or Guardian
(If under the age of 18) _____ Date: _____

Interviewed by: _____ Date: _____

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