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**APPLICATION FOR ADMISSION**

**PRINT THE FOLLOWING:**

FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (LAST) (FIRST) MD. INITIAL

KNOWN BY ANOTHER NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_

PERMANENT ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_

RESIDENT PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL\_\_\_\_\_\_\_\_\_\_\_\_ BUSINESS\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INCLUDE THE FOLLOWING WITH APPLICATION**

 1. Proof of High School Graduation or equivalent.

 2. Health Certificate with doctor’s signature and a negative Tuberculin skin

 or Chest X-ray.

 3. Three letters of reference.

 4. Narrative personal history. (Questionnaire)

 5. When all the above is completed call (808) 596-4633 or 596-7354 to

 Schedule an interview prior to acceptance of school.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION SUBMITTED ON THIS APPLICATION FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is an application for admission to the Aisen Shiatsu School. Applicants shall be reviewed and evaluated by the school. An interview with the staff or principal should be scheduled prior to class. Applicants will be informed by letter of acceptance or denial to the program.

Foreign students should request for a special application for enrollment. I-20 student Visa will then be processed.