

Atlanta School Of Massage &  
Atlanta Institute of Aesthetics  
Admissions Application

Please answer all questions. We cannot process an incomplete application. Sign and return this application with a \$50 application fee. A representative from our Admissions Department will contact you as soon as we process your application.

Which Program are you interested in? (Check one, please)

Class Start: \_\_\_\_\_

Massage Day    Massage Evening    Esthetics Day    Esthetics Evening

                                                                

PLEASE PRINT

Legal Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ What is the best time to reach you? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

1. Have you ever been treated for any condition requiring hospitalization?  
 \_\_\_\_ Yes \_\_\_\_ No If yes, please describe: \_\_\_\_\_

2. Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe \_\_\_\_\_

3. List the names, addresses, years attended, and any degrees received from ALL educational institutions you have attended. Use additional paper, if necessary.

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

4. How did you hear about our school? Circle one

Our School Website      Google search      Graduate or Student (please be specific)

5. Why do you want to attend our school?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Misrepresentation of information may result in denial of admission or expulsion.

How can I apply ?

By Mail: Atlanta School of Massage, 2 Dunwoody Park South  
Atlanta, GA 30338

By FAX: 770-454-7367 (credit card payments only)

In person: Our office hours are 9:00am to 5:00pm

Monday through Friday. No cash, please.

Online: www.atlantaschoolofmassage.com

www.atlantainstituteofaesthetics.com

\*Application fee refundable if requested within 3 days of payment\*

Total Amount Enclosed \$ \_\_\_\_\_ Check  Money Order

Amount to be charged \$ \_\_\_\_\_ MC  Visa  Discover

\_\_\_\_\_  
Name on credit card

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature