



GEORGIA MASSAGE SCHOOL

Balancing ~ Learning ~ Life

Admissions Application

PLEASE PRINT

Legal Full Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Gender: M F

Home Phone: (_____) _____ Cell: (_____) _____ Other: (_____) _____

E-mail address: _____

Date of Birth: _____ Place of Birth: _____

Emergency Contact: _____ Relationship: _____ Phone: (_____) _____

Program Applied For: (Please circle) Morning Afternoon Night Start Date: _____

How did you hear about Georgia Massage School? _____

Highest Level of Education: (Please circle)

GED High School Some College College Degree Advanced Degree

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offenses were committed, sentence(s) imposed and types of rehabilitation.

Note: No applicant will be denied admission solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances may, however, be considered.

Signature: _____ Date: _____

Sign and return this application with a \$50 non-refundable application fee. Applications remain active for 1 year after submission. Apply by mail: Georgia Massage School, 415 Horizon Dr, Building 200, Suite 275, Suwanee, GA 30024
By Fax: 678-482-1924 (credit card payments only) In person: Our office hours are Monday through Friday 9 am to 5 pm.

Total amount enclosed \$ _____ Check Money Order

Amount to be charged \$ _____ MC VISA

Name on credit card _____

Account # _____ Expiration Date: _____

Signature: _____