

Augusta School of Massage, Inc.

**608 Ponder Place Drive
Evans, GA 30809
(706) 863-4799**

Application for Enrollment

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Permanent Mailing Address: _____

Area Code and Phone #: _____ Social Security #: _____

Female: _____ Male: _____ Occupation: _____

Employor: _____

Address: _____

Length of Time at Present Employment: _____

Name and Address of Previous Employer: _____

I am interested in attending school: Part-time: _____ Full-time: _____

Day: _____ Evening: _____ What date do you expect to begin School? _____

In Case of Emergency, Please Contact:

Name: _____ Relationship to Student: _____

Address: _____ Area Code and Phone # _____

Education:

Name of High School: _____ Date Graduated: _____

Address: _____

Name Recorded on Transcripts (if different) _____

Name of College or University: _____

Graduation Date: _____

Degree: _____

Have you ever been convicted of a crime? Yes: _____ No: _____

(If yes, Please give details and include information about litigation, if any. Do not include traffic violations or misdemeanors. Use a separate piece of paper if necessary.) _____

Do you currently have or have you had during the last two years a communicable disease? _____

Are you currently on any medications? If yes, please list medication and condition being treated: _____

Is there anything you would like us to know about your mental or physical condition while you are in massage school? (Use separate piece of paper if necessary.) _____

What are your hobbies and recreational interests? _____

Please include the following with this application:

- \$100 Application Fee
- Massage Verification Form
- Copy of High School Diploma, Transcript, or GED
- Two letters of Recommendation
- Copy of Driver's License or Birth Certificate
- Current Photo
- Physician's Statement

