

Advanced Aesthetics Academy And A3 Massage Institute

STUDENT ENROLLMENT APPLICATION

STATUS:

Potential/Interested Date:

Program/Date Interested: _____ Referred by/from: _____

Name: _____ Phone: _____

Email: _____

Address: _____
State: _____ Zip: _____

Notes: _____

FOR SCHOOL ADMINISTRATION USE ONLY

STATUS: Enrolled – Class Start Date _____

Document Copies (2 Government issued): DL _____
SSCard _____ Other _____ HighSchool/College _____

Tuition Information: Deposit Paid: \$ _____
cash _____ check/# _____ QB Invoice _____

Payment Plan: _____ Discounts: Paid in Full _____ Military 5% _____
Alumni 10% _____ Full Tuition Amount _____ Monthly Payment Amount _____
Date of 1st Payment _____ Promissary Note Signed: Yes _____ No _____

Notes: