

# Advanced Aesthetics Academy

176 Dermis Avenue, Hardeeville, SC 29927

(843)784-3376

## STUDENT ENROLLMENT APPLICATION

**STATUS:**

**Potential/Interested Date:**

Program/Date Interested: \_\_\_\_\_ Referred by/from: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Address:**

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Notes:**

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## 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 1<sup>st</sup> Payment \_\_\_\_\_ Promissary Note Signed: Yes \_\_\_\_\_ No \_\_\_\_\_

**Notes:**