



Atlanta School of Electrolysis
1955 Cliff Valley Way, NE
Suite 230
Atlanta, GA 30329
404.636.6386

PRE-ENROLLMENT APPLICATION

PERSONAL INFORMATION

Date _____ Photo I.D. Required # _____

Name _____ Maiden Name _____

Address _____ Apt. No. _____

City _____ State _____ Zip _____

Home# _____ Cell# _____ Email _____

Social Security # _____ Place of Birth _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Date of Birth ____/____/____ Number of Children _____

Spouse's Name _____

In Case of Emergency Notify _____

Phone # _____

Are you authorized to work in the U.S.? _____ Yes _____ No

Are you able to perform the essential functions of the job you are applying for? _____ Yes _____ No

If not, please describe the functions that cannot be performed _____

Present Employer _____

Address _____ Phone # _____

EDUCATION

High School _____

City _____ State _____

From _____ To _____ Date Graduated _____

GED _____ Date Taken _____ Where? _____

Do You Have a Copy of Your GED? _____

College _____

City _____ State _____

Did You Graduate? _____ Year Graduated _____ Major _____

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(continued)

Have you had any previous training in electrolysis or cosmetology? _____ Yes _____ No

If Yes, Number of Hours _____ Course _____

Name of School _____

Address _____

City _____ State _____ Zip _____

Course of Study Desired:

_____ Complete Electrolysis Course – (\$6,000) Certified Check, Cash, VISA, MasterCard, Money Order

_____ Complete Microdermabrasion Course – Tuition based on previous experience

_____ Refresher Electrolysis Course

_____ Specialty Course

REGISTRATION AGREEMENT

I plan to enter school on _____, 20_____ as a:

_____ Day Student _____ Afternoon Student _____ Evening Student

I agree to pay the Atlanta School of Electrolysis and Microdermabrasion a registration fee of \$100.00 to be applied towards the total cost of my training (which is non-refundable).

This deposit will secure my enrollment in the class indicated above. I certify that all information given is true and correct to the best of my knowledge. I understand that this is only an application for enrollment.

I understand that I am under no obligation to enroll, however, my registration fee will only be refunded if I am not accepted by the school.

(Student Signature) (Date)

(Parent/Guardian if Under 18) (Date)

(Admission Representative) (Date)

Emergency Contact _____ Relationship _____ Phone _____