



GEORGIA MESSAGE 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) Spring: 8:30am - 12:45 pm Summer: 10:00 am - 2:15 pm

Fall: 8:30am - 12:45 pm Winter: 10:00 am - 2:15 pm

Night: Call for availability

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 will be considered. The state licensing board may require letters of explanation and certified copies of final court dispositions.

Signature: _____ Date: _____

Sign and return this application with a \$75 non-refundable application fee.
Applications remain active for 1 year after submission.
Apply in person: Contact the school to schedule an appointment 678-482-1100.
Apply by mail: Georgia Massage School, 415 Horizon Dr, Building 200, Suite 275, Suwanee, GA 30024