



TO APPLY IN PERSON: Office hours are 9:00 a.m. to 5:00 p.m. Monday-Friday.
BY MAIL: EnSynergy S.E. School of Esthetics, 105 Glendalough Ct., Suites H & I, Tyrone, GA 30290
BY FAX: 770 486 8821 **BY PHONE:** 770 486 8801

Total Amount Enclosed \$ _____ Check Money Order
Amount to be charged \$ _____ MC Visa Discover
Name on credit card _____
Account # _____ Expiration Date _____
Signature _____

ADMISSIONS APPLICATION

Please answer all questions. We cannot process an incomplete application. Sign and return this application with a \$50 application fee. Our Admissions Department will contact you as soon as we process your application.

PLEASE PRINT

Legal Full Name: _____ Maiden Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Alternate Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____ What is the best time to reach you? _____

Date of Birth: _____ SS#: _____

Current Occupation: _____

Employer's Name: _____ Employer's Phone: (____) _____

Emergency Contact: _____ Relationship: _____ Phone: (____) _____

1. Why do you want to attend the ENSYNERGY SCHOOL OF ESTHETICS? _____

2. How did you hear about our school? Please circle one: Newspaper Magazine Brochure TV Radio Other (Please be specific): _____

3. List the names, addresses, years attended, and any degrees received from ALL educational institutions you have attended. Use additional paper, if necessary.

High School: _____

College: _____

Other: _____

4. Have you ever been treated for any condition requiring hospitalization?

___ Yes ___ No If yes, please describe: _____

5. Have you ever been convicted of a crime? ___ Yes ___ No If yes, please describe _____

6. Please tell us anything else about yourself (hobbies, interests, etc.) that will help us to get to know you better: _____

Signature: _____ Date: _____

Note: Misrepresentation of information may result in denial of admission or expulsion.