

Alluring Aesthetics Academy LLC

Please select & check program:

600 Hours of Esthetics Only
 600 Hours of Esthetics and Lash Training

Financing Needed
 No Financing Needed

Student Information:

Name _____ Nickname _____
(Legal First, Middle, Last)

Mailing Address _____
(Street, City, State, Zip code)

Email _____ Phone number _____

Social Security number _____ Birthdate _____

Emergency Contact:

Name _____ Contact number _____

Mailing Address _____

Relationship to Student _____

School Information:

High School _____ Graduation date _____

Address of High School _____

Preferred start date _____ Interested in Day or Evening classes _____

I have read this application form and confirm that all the above information is accurate. I have been given all applicable information regarding the selected program. I have read and understand all the policies, Student requirements and program curriculum. I understand that a non-refundable application fee of \$500.00 is required when submitting this application. I understand that I am required to pay the full tuition 2 weeks prior to the commence of the program. I understand that all payments made with a credit card will incur an additional 2.7% processing fee.

Student Signature _____ Date _____

Parent/ Guardian Signature (if Student is under 18 years of age) _____ Date _____

Representative of Alluring Aesthetics Academy LLC _____ Date _____