

Academy of Alternative Healing Arts, LLC

3790 28th ST SW, Suite B. Grandville MI 49418

616-419-6924

Student Application Form

Name: _____	Date: _____	
Mailing Address : _____		
City: _____	State: _____	Zip: _____
Home Phone # _____	Cell Phone _____	
E-mail Address: _____	Sex: Male / Female	
Date of Birth: _____	Age: _____	SS# _____
Are you USA Citizen? Yes / No	If not, Visa Type: _____	
Education Level: High School Diploma / GED / College Degree		
Year Graduated: _____	College Degree Type: _____	
Emergency Contact Name: _____	Relationship _____	
Address: _____	Phone# _____	

Is English Your Primary Language? Yes / No If Not, What Is? _____

Do you need any special accommodation(s) to participate in class? Yes / No

If Yes, Please Explain: _____

Have you ever been convicted of felony or misdemeanor other than traffic offense? Yes / No

If Yes, Please Explain: _____

Which the following program are you interested?

Date of Massage Class: Mon / Tue/ Evening Class (Circle One) Class Start Date: _____

Holistic Health Counselor Program Class Start Date: _____

I understand I must have a copy of my High School Diploma transcript or GED to enroll. I understand there will be \$100 application fee and the application fee are non-refundable. This application will be reviewed by the school director, if you are not accepted by the school, you will receive full refund from you application fee. Falsif information on this application will be considered dismissal from this program and there will be no refund.

By signing below, I certify that had read and understand the refund policy. All information on this application are True & Correct.

Student Signature: _____ Date: _____

Application Reviewed By: _____ Date: _____

Please include a \$100 application fee, You can write the Check to "Alternative Care Solution".
Send the application & Check to 3790 28th ST SW., Suite B, Grandville Mi 49418. Thank You