Kentucky School of Massage Therapy Enrollment Form

2323 Concrete Rd Ste C
Carlisle, KY 40311
859-340-2484 text preferred

Please Print

Student Name_____
Street Address_____
City _____ State ____ Zip Code____ Cell Phone_____ AM/PM
Date of Birth_____ You must be 18 years of age or older
Email _____
Emergency Contact name and phone number_____

Are you a US Citizen? Y/N If not, do you have documentation to be in the US? Y/N Please provide the documentation_____
Drivers License Number or Photo ID Number & State_____

Are you currently Employed? _____ How long at Present Employer?_____
Employer Name and Address_____

Education

Name of High School & Graduation Date_____
City of High School and Zip code_____
or GED Date
If you attended College(provide transcripts) list the name or names, address and grad date:

_____

_____

Write on the back if you need more space.
Have you ever been convicted of a felony? (if yes, explain)_____

_____

I certify that all information on this application is complete and correct.

Print Name

_____

Signed True and Correct _____ Date_____

Application fee of **$60.00** should be paid when you pay for the course. ***APPLICATION FEE, DOWN PAYMENT & TUITION ARE NON-REFUNDABLE***