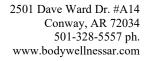




ENROLLMENT APPLICATION

Name:		Social Security #:		
Mailing Address:		Gender:	Date	
City:	State:	Zip:		
Birth Date:	Birth City/St:			
E-Mail Address:				
Phone Number: Cell:		Work:	:	
Education: High School	College		Grad. School	
Highest Degree attained	Date a copy of your High School D	e: iploma, GED, or (
Have you attended any post-s	econdary school since high s	chool?		
If so, name and address of pos	st-secondary school attended	·		
Have you ever been convicted	d of a crime? If ye	es, explain circums	stances:	
Do you have any disabilities?	If yes, explain			
If accepted, when would you	be available to begin training	g?		





If acce	epted, I plan to attend:	500 Hour Program	650 Hour Program			
Emerg	ency Contact:	Phone	e:			
How d	id you hear about our school?					
Enclo	•	you decided to pursue therapeutic massidicate below and previous massage or re				
	High School Diploma, GED, or	College Transcript				
	3 Professional Letters of Reference attesting to your work ethics and professionalism.					
	Photograph					
	\$100.00 Application Fee					
	nection with my application with the dand used in evaluating my app	he school, I understand that a consumer relication.	eport and police report may be			
INFOR ABOVI	RMATION REGARDING MY HIST	ON, ANY PARTY OR AGENCY CONTAC FORY OR MY CHARACTER. I CERTIFY UNDERSTAND THAT ALL INFORMATIO	THAT THE INFORMATION			
I under	estand that a non-refundable \$100.	00 application fee is to accompany this ap	oplication.			
Print N	Jame					
Applic	ant's Signature	Date				