

SCHOOL OF HOLISTIC TOUCH

APPLICATION FOR ENROLLMENT

APPLICANT INFORMATION

Name _____ Age _____
Last First Middle

Address _____

City State Zip
Date of Birth _____ Social Security Number _____

Home Phone ____ / ____ Work Phone ____ / ____ Cell Phone ____ / ____

CA Driver's License Number _____ Place of Birth _____

Female _____ Male _____ U.S. Citizen Yes _____ No _____

Weight _____ Height _____ Hair Color _____ Eye Color _____

Have you ever been convicted of a crime (excluding minor traffic violations)? _____
It may not affect your acceptance by the school, but it may affect your eligibility for a massage permit.

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

Phone _____ or _____

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EMPLOYMENT – Are you working now? _____

1. _____
Employer Occupation City Date

2. _____
Employer Occupation City Date

3. _____
Employer Occupation City Date

EDUCATION HISTORY

High School _____ City _____ Diploma/Grad Date _____

College or Vocational Institution _____ Diploma/Grad Date _____

Other _____ Diploma/Grad Date _____

MEDICAL HISTORY

Please describe any serious health conditions you may currently have _____

Are you taking any medications (prescribed or not) for any of the following conditions?

Seizures _____ Anti-depressants _____ Pain _____
Diabetes _____ Blood Thinners _____ Blood Pressure _____
Other _____

Are you currently under the care of a physician? _____

Are you pregnant? _____

Are you recovering from any recent accidents or illnesses? If yes, explain _____

Do you have any other medical condition we should be aware of? If yes, explain _____

Are you physically and emotionally able to give and receive massage therapy? _____

REFERENCES Please give the name and phone number of three (3) personal references:

Name

Phone

1. _____

2. _____

3. _____

PROGRAM

Please indicate which program you are interested in completing:

Massage Therapist (500 hours) _____ Holistic Health Practitioner (1000 hours) _____

Workshops _____

How soon would you like to begin your training?

Immediately _____ in 3 months _____ in 6 months _____ in one year _____

How did you hear about our school?

Advertising_____where_____

Friend_____Who may we thank? _____

Website_____

A personal interview is required before the application process is complete. Phone interviews are acceptable at the discretion of the Admissions office.

I certify that the information given in this application is correct to the best of my knowledge.

Signature of Applicant

Date

Application Received____/____/_____
Application Received by_____
Accepted_____

Admissions Use Only

Application Fee Received____/____/_____
Interview____/____/_____
Rejected_____