



APPLICATION FOR ADMISSION



We welcome you to visit the school. Please call to schedule an interview. All applications must include the \$50.00 non-refundable application fee.

Name _____
Last First Middle Soc. Sec. No.

Address _____
Street City State Zip

Phone _____ Alt. Number _____ Ht. _____ Wt. _____ DOB _____

Marital Status (circle one) S M W D

Employment status while in school (circle one) FT PT O

Emergency Contact Name _____

Address _____ Phone _____

Please list any medical problems, disabilities, or communicable diseases you may have:

Please list two character references (please, no relatives)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Please list any training in massage therapy, if you have received a massage, and how you heard about the school.

Please tell us why you want to attend classes at Therapeutic Solutions School of Massage:

If you have additional information you feel would be helpful, like transferable Anatomy and Physiology credits, please use the back.

I certify to the best of my knowledge that all the above statements are true. I understand and hereby accept the policies of Therapeutic Solutions School of Massage.

Applicants Signature _____ Date _____

Approved by _____ Date _____
(School Director's Signature)