

Soothing Arts Healing Therapies School of Massage : APPLICATION FOR ADMISSION

Please complete each section of this application. Any falsification is grounds for rejection or for cancellation of enrollment agreement. This information is strictly confidential.

Personal Data

Last Name _____ First Name _____ Middle _____ Maiden Name _____

Phone _____ SSN. _____ Date of Birth _____

ID#/DRV Lic. # _____ Email _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Permanent Address: (if different) _____ City _____ State _____

Zip Code _____ Telephone _____

Race or Ethnic origin _____ Marital Status _____ Spouse's Name _____

U.S. Citizen? Yes No Alien Registration No. _____

Name as you want it to appear on your Certificate _____

Emergency Contact

Emergency Contact Name _____ Relationship _____

Emergency Contact Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

How did you hear about Soothing Arts? (check all that apply)
 Internet Signs Yellow Pages Radio Flyer Friend Event Other

Current Employment

Are you currently employed?
 Yes No

Employer _____ Phone No. _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Position _____ How Long _____

Education and Training

General Requirements:
Florida LAW requires that all students and licensee applicants for a massage therapy license must have a high school diploma or equivalency. Please provide transcript, diploma or GED Certificate.

High School _____ City & State/Country _____ Year of Graduation _____

College _____ City & State/Country _____ Major/Year of Graduation _____

Other Training _____ City & State/Country _____ Year/Date of Completion _____

Special Accommodations

Students with special needs due to disability should advise the school prior to enrollment to assure that reasonable accommodations can be made to facilitate training. Please describe your needs:

References

(Please fill in all information, and use references you have known for at least three years)

Name _____	Mailing Address & No. Street _____	City, State, Zip _____	Phone _____
_____	_____	_____	_____
Name _____	Mailing Address & No. Street _____	City, State, Zip _____	Phone _____
_____	_____	_____	_____
Name _____	Mailing Address & No. Street _____	City, State, Zip _____	Phone _____
_____	_____	_____	_____
Name _____	Mailing Address & No. Street _____	City, State, Zip _____	Phone _____
_____	_____	_____	_____

Other

Program of Interest

- Massage Therapy
- Skin Care
- Nail Specialist

Do you have previous experience in the health care or beauty industry?

- Yes
- No

If yes, please explain

Other than traffic violations, have you ever been convicted of a crime?

- Yes
- No

If yes, please explain

Will you need financial assistance through a payment plan?

- Yes
- No

What hours can you attend classes?

Do you have any physical health problems that may interfere with your ability to participate in class?

- Yes
- No

When can you begin your training?

If yes, please explain

If you are applying for the massage therapy program, do you have any physical health problems that may interfere with your ability to give or receive massages?

- Yes
- No

If yes, please explain

Below or on a separate sheet of paper, explain your personal and professional goals and how they relate to your chosen field of study. Why are you choosing to attend this program?

Soothing Arts Healing Therapies School of Massage reserves the right to deny admission to any applicant who does not demonstrate the ability to benefit from the training program, or who does not demonstrate the ethical standards required of the profession for which the training is offered.

Full Name _____

By checking, I certify that the information provided herein is true and accurate to the best of my knowledge. I also state that I have read and agree to abide by the policies stated in the School catalog. If accepted, I agree to uphold the ethical standards required of the profession for which I am being trained.

Soothing Arts Healing Therapies School of Massage does not discriminate on the basis of Race, Color ,National Origin, Sex, Handicap or Age in employment, admissions or any of its educational programs or activities.Soothing Arts Healing Therapies School of Massage reserves the right to contact any or all of the individuals listed on this form.

Instructions in Order to Navigate the Process.

- 1.Download Form to your device
2. Type in all fields
3. Email completed form to soothingarts@gmail.com