

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 reasonableaccommodations 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 ☐ Clinical Skin Care ☐ Nail Specialist

Do you have previous experience in the health care or beauty industry?	If yes, please explain
<input type="radio"/> Yes <input type="radio"/> No	

Other than traffic violations, have you ever been convicted of a crime?	If yes, please explain
<input type="radio"/> Yes <input type="radio"/> No	

Will you need financial assistance through a payment plan?

☐ Yes ☐ No

What hours can you attend classes?	When can you begin your training?

Do you have any physical health problems that may interfere with your ability to participate in class?	If yes, please explain
<input type="radio"/> Yes <input type="radio"/> No	

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?	If yes, please explain
<input type="radio"/> Yes <input type="radio"/> No	

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	<input type="checkbox"/> 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