



HandsOn Therapy Schools

Application for Admission Massage Program

(Please print legibly using black or blue ink)

Last Name _____ First Name _____ Male Female

Address _____

City _____ State _____ Zip _____ Home Phone (____) _____

Cell Phone (____) _____ E-mail Address _____

SS _____ TX DL# _____ Birth Date _____

Current Employment _____

Emergency Contact Person _____ Phone (____) _____

Relationship to Applicant _____

"I am applying for this program"

(select which program that applies)

...and will attend this Schedule of Classes"

(select which schedule applies)

<input type="checkbox"/> 500 Hrs Basic
<input type="checkbox"/> 750 Hrs Master

	Hours/Wk	Days	Time
<input type="checkbox"/> Full Time	36	Mon-Thurs	8:30a-5:30p
<input type="checkbox"/> Mornings	18	Mon-Thurs	8:30a-12:30p
<input type="checkbox"/> Afternoons	18	Mon-Thurs	12:30p-5:30p
<input type="checkbox"/> Two Days	18	Mon and Wed	8:30a-5:30p
<input type="checkbox"/> Two Days	18	Tue and Thurs	8:30a-5:30p
<input type="checkbox"/> Evenings	18	Mon-Thurs	6:00p-10:30p

Preferred Start Date: _____

NOTE: This form must be accompanied by: a) copy of valid Drivers License or State ID; b) copy of Social Security Card; c) copy of High School diploma/transcript or GED certificate; and, c) 1-page "hand-written" essay about why you want to become a massage therapist

Please be aware that dates and times of classes are subject to change, depending on enrollment. Prospective students are advised to file this application as soon as possible. Classes are limited in size and enrollment is closed when classes are filled.

"In connection with my application, I understand that a consumer report containing public record information may be requested. This report may include the following types of information: names and dates of previous employers, credit information, bankruptcy proceedings, and other relevant information from federal, state and agencies both public and private. No charge is made to me to obtain this report."

Your signature below indicates that the following information on the application is true and accurate to the best of your knowledge and you authorize any party or agency contacted to furnish the above information.

Signature

Date

Student Profile

Previous Education GED _____ (state of issue)
 HS diploma _____ (school name and city)
 Post-Secondary Associates Degree Baccalaureate Post Baccalaureate

Age Group under 25 25-34 35-44 45 or over

Ethnicity White/Non-Hispanic Black/Non-Hispanic Hispanic
 Asian/Pacific Islander American Indian/Alaskan Other

References

(References need to be located at separate address from applicant)

1

First Name _____ Last Name _____
Relationship: ___ Parent ___ Sibling ___ Other _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ Email Address _____

2

First Name _____ Last Name _____
Relationship: ___ Parent ___ Sibling ___ Other _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ Email Address _____