



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 Advanced

	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 \_\_\_\_\_