

**Application for Enrollment**

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Female: \_\_\_ Male: \_\_\_ Married: \_\_\_ Single: \_\_\_

Permanent Mailing Address: \_\_\_\_\_

Area Code and Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Ethnicity:** Caucasian African-American Hispanic Asian Other: \_\_\_\_\_

**Class Interest**

I am interested in attending school: (Please check the appropriate answer.)

Immediately: \_\_\_ In 3 months: \_\_\_ In 6 months: \_\_\_ Next Year: \_\_\_ I don't know: \_\_\_

I am interested in attending school: Part-time: \_\_\_ Full-time: \_\_\_

I am interested in attending school mostly: Days: \_\_\_ Evenings: \_\_\_ Alternating: \_\_\_

**Employment History**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Time at Present Employment: \_\_\_\_\_

**In Case of Emergency, Please Contact:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Area Code and Phone # \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name Recorded on Transcripts (if different) \_\_\_\_\_

Name of College or University: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Circle one Bachelor's Degree Associate's Degree Certificate/Diploma N/A

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**Background**

Have you ever been convicted of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If yes, please give details and include information about litigation, if any. Do not include traffic violations or misdemeanors. Use a separate piece of paper if necessary.) \_\_\_\_\_

Do you currently have or have you had during the last two years a communicable disease? \_\_\_\_\_

Are you currently on any medications? If yes, please list medication and condition being treated:

Is there anything you would like us to know about your mental or physical condition while you are in massage school? (Use a separate piece of paper if necessary.)

What are your hobbies and recreational interests? \_\_\_\_\_

Please write a brief statement explaining why you wish to become a massage therapist.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE COMPLETED THIS APPLICATION TO THE BEST OF MY KNOWLEDGE AND I STATE  
THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach a copy of the following to your application:**

1. Copy of Driver's License
2. Copy of High School Diploma or G.E.D. or Official Transcripts
3. Application Fee \$25 (Check, Cash, or Credit Card)

Mail to: **Attn. Admissions, Augusta School of Massage**  
608 Ponder Place Drive, Evans, GA 30809

10/06/2009



5. Have you ever been impaired, or had restricted use of your thumbs, hands, wrists, elbows, shoulders, back, or feet? Yes                      No  
 If YES, please describe. Also indicate if you have any residual pain, weakness, or stiffness:
6. Is there a medical condition that you have not mentioned in the above answers of which Augusta School of Massage should be made aware? Yes                      No  
 If YES, please describe:
7. Is there any chance that you could have a sudden onset of a medical condition while you are a student here? Yes                      No  
 If YES, please explain:
8. Describe any concerns or conditions you may have which could significantly limit or impair your activities, and/or would require learning modifications or special accommodations.
9. Is there any other aspect of your emotional or physical health that you would like to share with us?

**The above information provides Augusta School of Massage with a basic health profile. Please sign below, indicating that you have answered the above questions honestly.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**NOTE:** Augusta School of Massage does not discriminate against students, faculty, staff, or clients of the Student Clinic, on the basis of blood-borne pathogen status. Members of the Augusta School of Massage community are not required to submit to blood-borne pathogen testing, and persons who have tested positive for blood-borne pathogen antibodies are not required to release the information to any member of the school community. However, we do ask that anyone with a medical condition consult with the President and/or with a medical physician before attending classes, for purposes of clarifying personal risks and special precautions applicable to one's health and one's ability to participate in the school environment.