

Student Enrollment Application

Name (first, middle, last)		
Current street address & apartment #)		City
		Zip code
Length of residence in community	Other areas of the country you've lived in & lengths of residence	
Social Security number	Referred by	Numbers (home, mobile, pgr, etc)
If you are <u>not</u> a U.S. citizen, indicate your country of origin, visa or immigration status, and number		

Enrollment Type & Term Information

Type of enrollment <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> C.E. Temporary	Term preference (morning/afternoon 7 mos.) <input type="checkbox"/> JAN <input type="checkbox"/> JUL (evening/weekends 11 mos.) <input type="checkbox"/> MAR <input type="checkbox"/> SEP
Highest grade ever completed:	
HS <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	College or vocational school <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Post-graduate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Reason(s) for wanting massage education	

References (either business or personal which are not relatives or former employers)

Name	Address	Telephone numbers
1		
2		
3		

Special Needs

Please list any physical, mental, or medical disabilities or special needs that we should be aware

I hereby affirm that all statements and answers on this application and attached support documents pertaining to this application are true and accurate. I also understand that falsification and/or omission of facts pertaining to this application and attached support documents is grounds for dismissal from school. I authorize any criminal background checks to be made by the school for the safety of other students, teachers, and administrative school staff.

Signature of applicant

Today's date ____ / ____ / ____

Admission Determination Criteria

(Please go through the following questions/criteria of all prospective students wishing to apply for enrollment at Healing Mountain Massage School. Check the corresponding box appropriately to each question/criterion, and then sign & date this document.)

Applicant is 18 yrs of age, or will be 18 yrs of age as of the estimated date of graduation.

(est. date of graduation is ____ / ____ / ____)

Applicant has a minimum of an HS diploma or GED certificate. (copy attached _____)

Applicant has completed & returned a statement of general health. (copy attached _____)

If English is not the applicant's primary language, are they highly proficient (hear, speak, and write in English for exams)?

Yes No

Are you now or have you at any time been under investigation, or is any disciplinary action pending or has any judgement been handed down against you by ANY PROFESSIONAL LICENSING AGENCY? (i.e., licensure denial, revoked, suspended, probation, conditioned, curtailed, limited, restricted, etc.?) If yes, please explain _____

Yes No

Do you currently have an ALCOHOL and/or DRUG ADDICTION / usage problem that has not been properly and thoroughly resolved through a supervised 12-step rehabilitation program. If yes, please explain _____

Yes No

Is there any action pending against you now, or have you ever been charged or pled guilty to, no contest to, or have you ever been convicted of any misdemeanor or felony by any federal or state agency that could possibly affect a LICENSE TO TOUCH OTHERS (any form of abuse or violence or endangerment, etc)? If yes, please explain _____

ATTESTED TO THIS _____ DAY OF _____, IN THE YEAR _____

BY (STUDENT SIGNATURE) _____

WITNESSED BY (SCHOOL REPRESENTATIVE) _____

DATE: ____ / ____ / ____ .