

**Sierra Massage School - Admission Application**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Class applying for: Massage Therapy (500-hours)

Date of Birth: \_\_\_\_\_ Sex: M F Driver's Lic. #: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Marital Status: M D S W Number of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Year Graduated or GED: \_\_\_\_\_

College: \_\_\_\_\_ Major/Degree: \_\_\_\_\_

Have you ever had a massage? Yes No

Do you have any physical disabilities? Yes No Explain: \_\_\_\_\_

Describe your interest in this class: \_\_\_\_\_

Have you ever been convicted of a felony or any other crime?  Yes  No If yes, please explain: \_\_\_\_\_

Note: Any falsified information on this application is considered grounds for dismissal from Sierra Massage School.

Please provide 2 references:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Mail To:

Sierra Massage School, 1629 Pollasky, Suite 102, Clovis, CA 93612

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*For Office Use Only:* Date Received at SMS: \_\_\_\_\_

Class start date: \_\_\_\_\_