

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

Are you physically and mentally in good health? Yes No

If you have any physical disabilities, please 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

For Office Use Only: Date Received at SMS: _____

Class start date: _____