



ADMISSION APPLICATION

THE PROFESSIONAL SCHOOL OF MASSAGE

This application is to be completed in detail, signed by the applicant and returned along with a \$50 application fee to The Professional School of Massage, 131 East Maple Avenue, Langhorne, PA 19047.

DATE NAME (Last) (First) (Middle) Male Female

ADDRESS (Street) (City) (State) (Zip) Telephone #

SOCIAL SECURITY # BIRTH DATE OCCUPATION

PERSON TO CONTACT IN CASE OF EMERGENCY (Spouse, Parent, Guardian, etc)

NAME (Last) (First) (Middle Initial) Relation to Student

ADDRESS (Street) (City) (State) (Zip) Telephone #

APPLICANTS PLACE OF BIRTH (City) (State) How did you hear about our school?

REFERENCES: PLEASE LIST TWO REFERENCES (OTHER THAN FAMILY)

NAME (First, Last) NAME (First, Last)

ADDRESS ADDRESS

CITY STATE ZIP CITY STATE ZIP

TELEPHONE # TELEPHONE #

PLEASE SUBMIT A COPY OF A RECENT PHYSICAL, TAKEN WITHIN THE LAST SIX MONTHS STATING WHETHER OR NOT YOU HAVE HAD ANY CONTAGIOUS DISEASES. IF SO, PLEASE EXPLAIN.

SESSION INFORMATION:

JANUARY 2006	MAY 2006	SEPTEMBER 2006
DAY	EVENING	← Class Time Preferred

Check One on Each Line

