

Lancaster School of Massage

Student Application Form

This application should be completed, signed, and returned along with non-refundable application fee of \$75.00 to:

Lancaster School of Massage, Attn: Registration, 317 N. Queen Street, Lancaster PA 17603.

Date: ____ / ____ / ____

Personal Information:

Your name with credentials as you would like it to appear on your certificate.

____ Male ____ Female
Please check one.

Street Address

City State Zip Code (plus four)

Social Security # Date of Birth ____ / ____ / ____

Daytime Phone Evening Phone

Email Address

Current Occupation

Session you wish to attend:

Please check one ____ Fall/Winter 2010-2011 (Day) ____ Fall/Winter 2010-2011 (Evening) ____ Summer 2011 (Day)

Support Information: (Contact in case of an emergency: Parent, Guardian, etc.)

Name (First and Last)

Relationship to Student

Street Address

City State Zip Code (plus four)

Daytime Phone Evening Phone

References: (two reference other than family)

Name (First and Last)

Relationship to Student

Street Address

City

State

Zip Code (plus four)

Phone

Name (First and Last)

Relationship to Student

Street Address

City

State

Zip Code (plus four)

Phone

Education/Training Information:

High School from which graduated or currently attending

____ / ____ / ____
Graduation Date

City

State

Zip Code (plus four)

College or Other Training Completed:

Name of School/College

Degree or Certification

Dates Attended: From: ____ / ____ / ____ To: ____ / ____ / ____

Name of School/College

Degree or Certification

Dates Attended: From: ____ / ____ / ____ To: ____ / ____ / ____

Any other experience in healthcare or related field:

