

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, 313 West Liberty St, Suite 205, 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

Social Security # Date of Birth ____ / ____ / ____

Daytime Phone Evening Phone

Email Address

Current Occupation How did you hear about Lancaster School of Massage?

Classes you wish to attend:

____ Spring / Summer ____ Fall / Winter ____ Day ____ Evening ____ Other: _____

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

Name (First and Last)

Relationship to Student

Street Address

City State Zip Code

Daytime Phone Evening Phone

References: (two reference other than family)

Name (First and Last)

Relationship to Student

Street Address

City State Zip Code

Phone

Name (First and Last)

Relationship to Student

Street Address

City State Zip Code

Phone

Education/Training Information:

High School from which graduated or currently attending

____ / ____ / ____
Graduation Date

City State Zip Code

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:

