

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 326, 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 ____ Spring 2012 ____ Fall/Winter 2012-13

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:

Background:

Have you ever been convicted of a crime? (Please do not include minor traffic violations) ___ Yes ___ no

If Yes, please explain: _____

Have you had any contagious diseases within the last two (2) years? ___ Yes ___ no

If Yes, please explain: _____

Affidavit: Upon completing this application, I fully understand and attest that all questions have been answered truthfully and accurately.

Signature of Applicant: _____

THE FOLLOWING MUST BE INCLUDED WHEN SUBMITTING THIS APPLICATION:

- High school or college transcripts (May be sent after application)
- \$75.00 Non-refundable application fee (Please do not send cash)
- A brief explanation of why you wish to become a massage therapist

Submittal of this document does not guarantee placement. Placement must be approved by LSM, spaces are limited, and courses may have prerequisites. If you have not heard from LSM within 30 days of submittal, please call 717 293-9698.

DO NOT WRITE BELOW THIS LINE, FOR OFFICIAL USE ONLY

_____ Application Reviewed by

____ / ____ / ____
Date Received

_____ Accepted by

____ / ____ / ____
Date Accepted

Comments: _____
