



Application Form  
Please Print Clearly

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (Apt #)

\_\_\_\_\_  
(City) (State) (Zip Code) (Email)

Home Telephone: \_\_\_\_\_ Social Security: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: F \_\_\_ M \_\_\_ Marital Status: \_\_\_\_\_

Caucasian: \_\_\_ African-American: \_\_\_ Native American: \_\_\_ Asian: \_\_\_ Hispanic: \_\_\_  
Other: \_\_\_\_\_

*The above information is for demographic information only. The school does not discriminate based on race, gender, sexual orientation or religious affiliations.*

In Case of Emergency Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(over)

For Office Use Only

Application: \_\_\_\_\_ Registration Form: \_\_\_\_\_ Resume: \_\_\_\_\_ Transcripts: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Tender/Ck#: \_\_\_\_\_ Photo: \_\_\_\_\_

Letter of Recommendation: \_\_\_\_\_ Essays: \_\_\_\_\_ Health Histories: \_\_\_\_\_

Class pres/tour: \_\_\_\_\_ Massage: \_\_\_\_\_ Date of Interview: \_\_\_\_\_ With: \_\_\_\_\_

## Educational and Work History

High School: \_\_\_\_\_ GED: \_\_\_\_\_

Please describe any further formal or informal education you have completed.

---

---

---

Current Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Work Telephone: \_\_\_\_\_

Work History: Include a recent resume.

How did you hear about our program?

Yellow Pages \_\_\_\_\_ Radio \_\_\_\_\_ Health Fair \_\_\_\_\_ Internet \_\_\_\_\_ TV \_\_\_\_\_ Other \_\_\_\_\_

Word of mouth: (Please let us know who so we can thank them)

Friend \_\_\_\_\_ Graduate of School \_\_\_\_\_ Current Student \_\_\_\_\_ Massage Therapist \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone #)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form along with a one time \$50 non-refundable application fee and registration form to:

The Louisville School of Massage  
7410 New LaGrange Road, Suite 120  
Louisville, Kentucky 40222  
502.429.5765 fax: 502.429.8581

Receipt of the above will hold your place in the program. Upon receipt, we will send you a packet requesting additional information about you. We will then schedule you for an interview and get you registered. These materials and the interview will help us get to know you better in order to help you get the most out of the program.