

# CHARLESTON SCHOOL OF MASSAGE, INC.

778 Folly Road  
Charleston, South Carolina 29412  
(843) 762-7727

Please check:

- Clinical Massage Therapy - Day Classes  
 Clinical Massage Therapy - Evening Classes  
 Specialty Training Certificates

## APPLICATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: Home ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

List the names, addresses and years attended from all educational institutions you have attended:

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

College: \_\_\_\_\_

Other: \_\_\_\_\_

## PERSONAL INFORMATION

1. Why have you chosen to study Massage Therapy? \_\_\_\_\_

2. Describe any previous training you may have in massage therapy: \_\_\_\_\_

3. Have you ever received a Professional Massage? \_\_\_\_\_  
 If so, when? \_\_\_\_\_ Where? \_\_\_\_\_
4. How did you hear about the school? \_\_\_\_\_
5. Why did you choose to attend THIS school? \_\_\_\_\_
6. What are your professional goals? \_\_\_\_\_
7. What are your personal goals? \_\_\_\_\_
8. What do you hope to achieve from your training? \_\_\_\_\_
9. Please describe any conditions which may limit your learning ability and/or participation in this program: \_\_\_\_\_
10. Please describe any known skin or other allergies: \_\_\_\_\_
11. Have you ever been convicted of any morals misdemeanors or felonies of any kind? \_\_\_\_\_  
 If so, please provide complete documentation of the charges and the disposition of the case.  
 Criminal background may preclude employment or licensing as a massage therapist.
12. How do you plan paying your school tuition? ( ) Self ( ) Payment Plan ( ) Other

ALL TIMES AND DATES ARE SUBJECT TO REVISION DEPENDING ON STUDENT ENROLLMENT. CLASSES ARE LIMITED IN SIZE AND ENROLLMENT IS CLOSED WHEN THE CLASS IS FULL. IT IS ADVISABLE FOR PROSPECTIVE STUDENTS TO SUBMIT THIS APPLICATION AS SOON AS POSSIBLE.

The school does not discriminate against any applicant on the basis of their race, sex, age, gender, national or ethnic origin, marital status or any non-performance related handicaps.

Everything I have stated in this application is correct to the best of my knowledge. I also understand that the school will retain this application and that all information contained herein shall be kept strictly confidential.

\_\_\_\_\_  
 Applicant's Signature Date

If additional space is needed to answer any question, please attach a separate sheet.  
 =====

**INSTRUCTIONS: Before signing:**

1. Attach \$100.00 registration fee by check or cash
2. Attach High School Diploma, GED or equivalency letter

ADMINISTRATIVE USE ONLY Do not write below this line DATE RECEIVED \_\_\_\_\_

Check List: (Place check when documentation is attached). Line One check appropriate document.

_____	_____	_____	_____
High School Diploma	GED	Equivalency Letter	
_____	_____	_____	_____
Registration Fee	Notified	Initials	