

Healing Hands School of Holistic Health
APPLICATION FOR ADMISSION

Please complete each section of this application. Any falsification is grounds for rejection or for cancellation of enrollment agreement. This information is strictly confidential.

PERSONAL DATA

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE OR PHOTO I.D.

Last Name _____ First _____ Middle _____ Maiden Name _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Telephone Numbers _____

HOME

CELL

WORK

E-mail address: _____

ID #/CADL # _____ SSN ____/____/____ Date of Birth _____

Male [] Female []

Permanent Address: (if different)

Address _____ City _____ State _____ Zip _____ Phone _____

Marital Status _____ Spouse's Name _____

Race or Ethnic origin _____ (optional)

U.S. Citizen? Yes ___ No ___ Alien Registration No. _____

Name as you want it to appear on your Certificate(s) _____

Nearest Relative (Excluding spouse, or other relative living with you)

Relative's Name _____ Relationship _____ Address _____

Day Phone _____ Evening Phone _____

Emergency Contact

Emergency Contact Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Day Phone _____ Evening Phone _____

HOW DID YOU HEAR ABOUT HEALING HANDS? (Check all that apply)

Signs

Yellow Pages

Magazine

Internet

Flyer

Other (describe): _____

CURRENT EMPLOYMENT

Are you currently employed? ___Yes ___No

If yes please provide the following information;

Employer: _____

Address: _____ City _____ State _____ Zip _____

Position: _____ How Long? _____

SPECIAL ACCOMMODATIONS

Students with special needs due to disability should advise the school prior to enrollment to assure that reasonable accommodations can be made to facilitate training. Please describe your needs:

Healing Hands School of Holistic Health reserves the right to deny admission to any applicant who does not demonstrate the ability to benefit from the training program. As a condition of enrollment in any program at Healing Hands, the applicant must be physically and emotionally able to give and receive a professional massage and read and write basic English (8th grade level).

I certify that the information provided herein is true and accurate to the best of my knowledge. I also state that I have read and agree to abide by the policies stated in the School catalog. If accepted, I agree to uphold the ethical standards required of the profession for which I am being trained. I attend that I am physically and emotionally able to give and receive massage. I can read and write basic English (8th grade level).

Name (Please print) _____

Signature: _____ **Date** _____

Signature of Parent or Guardian if under the age of 18: _____ **Date:** _____

Healing Hands School of Holistic Health does not discriminate on the basis of Race, Color, National Origin, Sex, Handicap or Age in employment, admissions or any of its educational programs or activities. As a condition of enrollment, in any program at Healing Hands, students are to be able to give and receive a massage. Healing Hands School of Holistic Health reserves the right to contact any or all of the individuals listed on this form.