

APPLICATION FOR ENROLLMENT 2025

(Include \$50.00 application fee with completed form to reserve a seat, this fee will be refunded if student is not accepted by school.)

Full Name:	Email:	Birt	naate:
Address:	City:	State:	Zip:
Phone: (Home):	Email: City: (Work):	(Cell):	· · · · · · · · · · · · · · · · · · ·
Education and Experience:			
Please answer the following que	stions: (If you need more room, you c	an write on the back)	
	challenges that may affect your al feel it would affect your work.	bility to perform mas	sage therapy? List
2. What stimulated your intended this course of study?	erest in massage therapy? And wl	hat do you hope to ac	complish by following
3. Have you had a massage thow do you feel about that ex	from a professional massage thera xperience?	pist? What effects di	d you experience and
4. How did you hear about th	ne Springs Bath House School of M	Aassage Therapy?	
5. Have you ever been convid	cted of a felony?Yes No		
6. Class you are interested in	signing up for:		
*Class days will be on Tuesdays from 9 am to 6 pm for our Aberda 6 pm for the Mitchell class, and T *** (In order to take our Hands-out)	gram or Mitchell, SD) gram or 200 hours of Hands- and Wednesdays, 9 am – 6 pm for our N een class. The Hands-On only class will thursdays from 12 to 6 pm for the Abero on Only training of 200 hours, applicant must edited program, unless other arrangements in	Aitchell class, and Wedn l be on only one day per deen class. It have previous massage tra	week, Tuesday from 12 to aining or be enrolled and at
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To the best of my knowledge	, the above information is correct	and accurate.	
Signed			

Along with your completed application and \$50.00 application fee, please also submit 3 letters of reference, an autobiography/letter of intent, and have your high school transcripts (or equivalent) sent directly to us from the educational facility you attended.