

## **APPLICATION FOR ENROLLMENT 2023**

(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	hdate:
Full Name:Address:	City:	State:	Zip:
Phone: (Home):	(Work):	(Cell):	
Education and Experience:			
Please answer the following questions	: (If you need more room, you co	an write on the back)	
1. Do you have any physical chal any challenges and how you feel i		bility to perform mas	sage therapy? List
2. What stimulated your interest this course of study?	in massage therapy? And wl	hat do you hope to ac	complish by following
3. Have you had a massage from how do you feel about that experi		pist? What effects di	d you experience and
4. How did you hear about the Sp	orings Bath House School of M	Massage Therapy?	
5. Have you ever been convicted o	of a felony?Yes No		
6. Class you are interested in sign	ing up for:		
*Class days will be on Tuesdays	n, SD or Mitchell, SD )  or 200 hours of Hands- and Wednesdays, 9 am – 6 pm. T  (Must have previous massage training)	he Hands-On only class	
*Class days will be on Thursda The Hands-On only class will	or 200 hours of Hands-	On only program	ve previous
mussage nanung vejote unn	*Class schedules are subject to	change.	
To the best of my knowledge, the above information is correct and accurate.			
Signed	Date:		

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.