

# Application for Admission

Submit this application along with a copy of your High School diploma or GED, a health report, and two letters of reference to:

MILWAUKEE SCHOOL OF MASSAGE | 830 EAST CHAMBERS STREET | MILWAUKEE WI 53212

I WOULD LIKE TO ENROLL IN:  DAYTIME CLASSES | TUES-WED-FRI | 9AM-1PM  
(PLEASE CHECK ONE)  NIGHT CLASSES | MON-WED-THU | 5:30PM-9:30PM

personal information

NAME
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ADDRESS
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CITY	STATE	ZIP
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DAY PHONE	NIGHT PHONE
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DATE OF BIRTH	GENDER
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CURRENT OCCUPATION
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WORK ADDRESS
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CITY	STATE	ZIP
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WORK PHONE	EMAIL
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emergency contact

NAME
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ADDRESS
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CITY	STATE	ZIP
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RELATIONSHIP	PHONE
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health status (PLEASE INCLUDE SEPARATE HEALTH REPORT FROM YOUR DOCTOR)

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allergies | medications (IF APPLICABLE)

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previous massage or health profession experience (IF APPLICABLE)

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I hereby certify that the above statements are truthful and that I am free of skin diseases and free of communicable diseases. I understand this statement is declared for the health and safety of all class participants. In addition, MSM has my permission to use my photograph or likeness, after I am enrolled, in any printed advertising materials they deem appropriate.

applicant signature

NAME	DATE
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