

A New Beginning School of Massage Killeen
Texas License #MS 1018
Killeen, Texas
(254) 616-2255

INSTRUCTIONS FOR ENROLLMENT APPLICATION

You may come by the school and take a tour and fill out an application for enrollment at that time or you may fill out the application form here on the web site. You may print out the form and fill it in by ink pen (Please make sure numbers are legible), or you may type in your information directly on the form below. Once you have completed all pages and have signed, bring the application to the school or e-mail it and then take the tour of the school, and complete the rest of the necessary paperwork for enrollment

APPLICATION FORM

Name _____ Date _____
Address _____
City _____ Zip Code _____
Date of Birth _____ Social Security Number _____
Driver's License Number _____ State _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

If financing through the school and married we need to get additional information:

Spouse _____ DOB _____ SS# _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Home/Cell Phone _____ Work Phone _____

NAME OF THE NEAREST RELATIVE NOT LIVING WITH YOU:

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Home/Cell Phone _____ Work Phone _____

ACADEMIC HISTORY

High School

Name _____

City and State _____

Did you Graduate? Yes No If Yes: Graduation Year _____

If not a high school graduate, do you have a GED? Yes No

*A high school diploma or GED is not a requirement to attend our massage therapy program.

College/ University/ Vocational School(s)

Name _____

Address _____

Dates Attended _____ Graduation Date _____

Major Field _____

Degree/ Diploma Earned _____

Name _____

Address _____

Dates Attended _____ Graduation Date _____

Major Field _____

Degree/ Diploma Earned _____

Name _____

Address _____

Dates Attended _____ Graduation Date _____

Major Field _____

Degree/ Diploma Earned _____

Other

Name _____

City and State _____

Dates Attended _____ Graduation Date _____

Major Field _____

WORK HISTORY (Only include current or most recent employment)

Date _____ Employer _____

Address _____ Job Title _____

Job Description _____

Reason for Leaving _____

Date _____ Employer _____
Address _____ Job Title _____
Job Description _____
Reason for Leaving _____

Date _____ Employer _____
Address _____ Job Title _____
Job Description _____
Reason for Leaving _____

Date _____ Employer _____
Address _____ Job Title _____
Job Description _____
Reason for Leaving _____

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Address _____ Job Title _____
Job Description _____
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MILITARY HISTORY

Branch _____ Rank in Military _____
Total Years of Service _____
Skills & Duties _____

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PERSONAL INFORMATION

1. Do you have any criminal convictions? Yes No If Yes, Please explain.

A prospective student is ineligible for state registration if he or she has been:

- a. convicted of or entered a plea of nolo contendere, was found guilty to or received deferred adjudication to crimes or offenses involving prostitution or sexual offenses.
- b. convicted of a violation of the Act within the past five years

2. Do you have any history of dyslexia, learning disabilities, academic problems, or language barriers that may hamper your learning experience at the school?

3. Do you have any physical limitations or health concerns that we should be aware of? Including, but not limited to currently being pregnant or planning a pregnancy during the massage therapy program. Please describe.

4. What do you see as your mission or goal in becoming a massage therapist?

5. Please write a brief self-assessment regarding academic and character strengths and weaknesses. What do you foresee as the main challenge or obstacles that you may have to work with in becoming an effective therapist? A thoughtful answer to this question will help us support your learning more effectively.

6. How did you learn about our program?

7. Please describe any history of receiving massage and/or bodywork.

Student Signature _____ School Official Signature _____