

island spirit SCHOOL OF MASSAGE

PO Box 650, Kealahou HI 96750

Phone: 808.825.9666 Fax: (808) 769-5213 Email: mail@islandspiritmassage.com
www.islandspiritmassage.com

APPLICATION FORM

Full Name: _____ DOB: _____

Social Security #: _____ Place of Birth: _____

Sex: Male Female Country of Citizenship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from home address): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Other Phone: _____

Email Address: _____

Main Language Spoken _____ English Proficiency _____
Excellent / Adequate / Poor

PROGRAM ENROLLMENT INFORMATION:

850 Hour Massage Certification Program Workshops Transfer

Why are you interested in enrolling in this program?

How did you hear about ISSM? _____

HEALTH HISTORY: Please list any major illnesses, medications, injuries or operations you have or had.
Please include dates and outcomes.

EMERGENCY CONTACT INFORMATION:

Full Name: _____

Address: _____

Phone: _____ Relationship: _____

PERSONAL INTEREST(S): _____

EDUCATIONAL BACKGROUND

High School Name, City & State: _____

Did you graduate? Yes No Please submit a copy of your High School Diploma or GED

Post Secondary School Name, City & State: _____

No. of Years Studied: _____ Major: _____ Certificate/Diploma: _____

Previous Massage/Bodywork or Technical Training/Classes:

School Name, City & State: _____

Hours Studied: _____ Area of Study: _____ Cert/Diploma: _____

School Name, City & State: _____

Hours Studied: _____ Area of Study: _____ Cert/Diploma: _____

Signature

Date

Admission Requirements/Process:

- Complete this application, sign and submit with \$100.00 non-refundable application fee
- Submit a copy of high school diploma / GED / or equivalent
- Copy of TB Clearance (active within 2 years)
- A photograph of the applicant
- Physically able to perform massage therapy
- Personal interview with ISSM to be scheduled after the application has been received by the school.

Please mail the Application and required documents to:

**Island Spirit School of Massage
ATTN: ADMISSION
PO Box 650, Kealahou, Hawaii 96750**

Please write checks payable to Island Spirit School of Massage.

When ISSM has received your application and requirements, ISSM will review the application and advise you to schedule your admission interview. Please allow 2 weeks for the application review process. Once accepted, a \$500 non-refundable enrollment deposit is required to hold your place in the class (the deposit will be applied to your total tuition).

If you have any questions or concerns during the application process, please feel free to contact Admissions:
Email: mail@islandspiritmassageschool.com **Phone:** 808.825.9666