

THE  WOODLANDS  
SCHOOL OF MASSAGE THERAPY

**STUDENT APPLICATION**

**Date of Application** \_\_\_\_\_

**Application must be filled out COMPLETELY. Incomplete applications will not be accepted and may result in delayed enrollment.**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Gender Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Current Occupation \_\_\_\_\_ Previous Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Education Level: High School Graduate \_\_\_\_\_ GED \_\_\_\_\_ Trade School \_\_\_\_\_

College Graduate \_\_\_\_\_ Some College \_\_\_\_\_

Schools Attended, Location, and year completed

High School \_\_\_\_\_

Trade School \_\_\_\_\_

College \_\_\_\_\_

Your Story: Please attach a written story about yourself, how you became interested in becoming a Massage Therapist, and any work and/or educational background that may relate to the field of Massage Therapy or the reason you are pursuing an education in Massage. Include any expectations you have of Massage Therapy as a career and any goals, if any that you would like to achieve.

Application Fee: 50.00

Graduates must be a minimum of 18 years of age and be able to pass a background check required by The State of Texas in order to be eligible for licensure as a Massage Therapist.

Applicants who have any previous history that may appear on a background check are strongly encouraged to have a background check before enrolling in Massage Therapy classes. You may do this by contacting the Department of State Health Services, by phone (512) 834-6616 or information may be found at [www.dshs.texas.gov](http://www.dshs.texas.gov) The fee is 50.00 payable to Texas Department of State Health Services.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student name (print) \_\_\_\_\_