



**TOTAL HEALTH WORKS
MASSAGE CLINIC & SCHOOL**

STUDENT APPLICATION

Class applying for _____

Program applying for I or II

NAME:

SS#:

ADDRESS:

DATE:

CITY, STATE & ZIP CODE:

How long there? _____

PHONE:

BIRTHDATE:

CURRENT EMPLOYMENT & OCCUPATION:

EDUCATION:

HIGH SCHOOL:

DATES:

GRADUATE:

COLLEGE:

DATES:

GRADUATE:

TRADE SCHOOL:

DATES:

GRADUATE:

REFERENCES: (please list at least two not related to you)

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

EMERGENCY CONTACT: Name: _____

Address: _____

Phone: _____

Relationship to student? _____

PRIOR MASSAGE CLASSES?

WHERE _____

DATES:

GRADUATE _____

APPLICATION FEE ENCLOSED _____ AMOUNT _____

SUPPLIES FEE ENCLOSED _____ AMOUNT _____

REGISTRATION FEE ENCLOSED _____ AMOUNT _____

I understand the application fee must be enclosed with the application in order for the application to be processed. I understand that when Total Health Works accepts my application this DOES NOT mean I am automatically accepted as a student in their classes.

I also understand that to be eligible to attend Total Health Works Massage School, I must be able to read, write and understand the English language. Once the application is reviewed I understand I will be contacted for a student interview and depending upon stated interview I may or may not be accepted and enrolled.

Printed Name

Date

Signature

Date

Guardian (if applicant is a minor)

Date

Please mail application & fee to:

TOTAL HEALTH WORKS
435 N. Mosley
Wichita, KS 67202