

Gloucester County School of Massage
207 Hollydell Drive • Washington Twp. N.J. • 08080

Admission Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security: _____ Sex: _____ Date of Birth: _____

Current employment: _____ Phone# _____

Position/Title: _____

Please check one: Day session ____ Evening session ____ Weekend ____

Previous Educational Experience:

High School: _____

Graduated (Mo./Yr.): _____

If you did not graduate from High School did you receive a GED: yes / no

College: _____

Other: _____

References: One Personal and one Professional reference are required.
Please do not include relatives or those of whom you reside.

<p><u>Personal</u> Name _____ Address: _____ Occupation: _____ Phone number: _____</p>

<p><u>Professional</u> Name _____ Address: _____ Occupation: _____ Phone number: _____</p>

In Case of Emergency Notify:

Name: _____ Relationship: _____

Address: _____

Phone # (Home) _____ (Work) _____

I agree that the information provide above is true. I understand that any false statements given will be grounds for dismissal from the program. I understand that a non-refundable \$75 application fee must accompany this completed application

Signature: _____ Date: _____