

ALOHA SCHOOL OF MASSAGE THERAPY

355 Hukilike St. Suite 203, Kahului, HI 96732 • Tel: (808)871-9966 • Fax: (808)871-1866 • www.alohamassageschool.com

APPLICATION FOR ADMISSION

Name: _____ Nickname: _____

Daytime Phone: _____ Evening Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____ Do you need a Student Visa? _____

Occupation: _____ Address: _____

In Case of Emergency Contact: _____ Phones: _____

Emergency Contact Address: _____ Relationship: _____

Month and year you wish to start classes: _____

Previous massage experience or training: _____

Number of professional massages you have received : _____

Educational history and life experiences: _____

Describe your most recent experience as a student: _____

What is your favorite way of learning? (for example, auditory, visual, kinesthetic): _____

Please continue on reverse side. Attach additional sheets as needed.

What motivates you to become a massage therapist? _____

How do you plan to finance your tuition and living expenses? _____

Describe your personal health history: any current medications, injuries, surgeries, disabilities (do you have any limiting conditions or special needs?): _____

How did you hear about and choose ASMT? _____

Have you ever been convicted of a felony? Yes No

Have you ever had a credential or license revoked or suspended? Yes No

Do you have any substance abuse issues? Yes No

Any special concerns or other comments: _____

I certify that the above information is correct and complete to the best of my knowledge. I have enclosed with this application a non-refundable application fee of \$45 and a recent photo.

Signature of Applicant: _____ Date: _____