

Student Application

79-7411 Mamalahoa Hwy, Kainaliu, HI 96750
(808)-937-6019

First Name:

Email Address:

Last Name:

Preferred Phone:

Date of Birth:

Marital Status:

Gender:

Number of Children:

Mailing Address:

Current Occupation & Employer:

Please list any physical disabilities or ailments that may interfere with your ability to perform massage:

Why are you interested in becoming a massage therapist?

Have you had any previous massage training, if so where, and how many hours?

Have you ever been convicted of a crime that has not been expelled/expunged?

Yes

No

Signature

Date

In order to process your application, please be sure to include a \$50 deposit.