OAKES SCHOOL OF MASSAGE THERAPY

330 Fourth Street, S. E.
Massillon, OH 44646
(330) 832-2002

Please Attach a current passport size photo

Application For Admission – Massage Therapy

$25 non-refundable Application Fee and Enrollment Form must accompany this application

Please print or type SS # ______________________________

Name: ____ Date: _________
First Middle Initial Last

Street Address: ______________________________ City: _________________ State: _____

County: __________ Zip Code: _______ Email Address ________________________

Phone: (_____)____________ (_____)______________ (_____)__________________
Home Work Cell

Date of Birth: ___/____/_____ Age: __________ Are You A US Citizen Y / N

Personal References

Name ____________________________________ Name ____________________________________

Address __________________________________ Address __________________________________

City, State, Zip ____________________________ City, State, Zip ____________________________

Phone ____________________________________ Phone ____________________________________

Employment

Company: ________________________________ Address: ________________________________

City, State: _______________________________ Phone: __________________________________

Supervisor: ________________________________ Supervisor Phone Number: ___________________

Types of Duties: ____________________________ Number of Years There: _______________________

Previous Work/Life Experiences: ____

Hobbies & Special Interests: ____

How did you hear of Oakes Massage School of Massage Therapy ? ______________________________

What quarter do you plan to attend? Winter-Jan Spring -Mar Summer-Jun Fall-Sep

__ FULL-TIME (16 hours a week) Day (8:00 am to 5:00 pm)

__ PART-TIME (8 hours a week) checkmark desired schedule (4 hours of massage, 4 hours science)

	TUESDAY		THURSDAY
	8:00 to 12:00 Massage - 4 hrs.		8:00 to 12:00 Science B - 4 hrs.
	1:00 to 5:00 Science A - 4 hrs		1:00 to 5:00 Massage - 4 hrs.

PART-TIME (8 hours a week) Checkmark desired schedule (4 hours of massage, 4 hours science)

	TUESDAY		THURSDAY
	8:00 to 12:00 Massage - 4 hrs.		8:00 to 12:00 Science B - 4 hrs.
	1:00 to 5:00 Science A - 4 hrs		1:00 to 5:00 Massage - 4 hrs.
	5:30 to 9:30 Science B - 4 hrs.		5:30 to 9:30 Massage - 4 hrs.

Are you willing and able to study 8 to 14 hours per week**?**___________________________________

Education

High School Name:______________________________________ City/State:______________ Yr Grad: ___

College/Voc. __________________________________ City/State:______________ Degree: ___________

________________ ________________ ________________ ________________

Major Minor Dates Attended Yr Graduated

____

____

Courses in Massage or Health Field, Biology, Physiology, and Anatomy. Please specify where, when and what courses: ____

____

What are your plans for working in the field of Massage Therapy?

____

Medical

Please list all major health problems and disabilities that could be of concern while in school or working in the clinic: ____

I am on the following medications *(please specify)*: ____

Physician's Name *(first and last please)*: ____

Address: ____ Phone Number: _(______)_________________

IN CASE OF EMERGENCY CONTACT

Name ______________________________________Relationship ________________________________

Address ____City___________________Zip Code______

Phone: (_____)_____________ (_____)________________

Home *Work*

I HAVE A DESIRE TO HELP PEOPLE. I CERTIFY THE ABOVE INFORMATION TO BE TRUE, TO THE BEST OF MY KNOWLEDGE.

____ ________________________________

Signature **Date**

Application will be returned un-processed if not completely filled out and a picture attached.

Approved by the Sate Medical Board of Ohio

Rev 05/06