



BIRMINGHAM SCHOOL *of* MASSAGE

1776 Independence Court, Suite 202 • Birmingham, Alabama 35216 • 205.414.1477 • birminghamschool.com

A D M I S S I O N S A P P L I C A T I O N

An application fee of \$50 must be submitted with your application for approval. Tuition options are enclosed. Please call 205-414-1477 to schedule a tour and interview with one of our administrators.

Please attach a photo with this application. Please attach a character reference letter.

Which classes being offered are you interested in? Day Class _____ Night Class _____

What month and year does this class start? _____ Month _____ Year

Name (Last, First, Middle): _____

Social Security Number: _____ Driver's License #: _____

Home Address (Street, City, State, Zip) _____

Phone: Home _____ Work or Cell _____

Address and daytime phone number where you can be reached before the session begins:

Age: _____ Date of Birth: _____ Sex: _____ Marital Status: _____

Email address: _____

Are you a U.S. Citizen? If not, please provide proof of legal status. _____

Highest level of education earned and date of graduation. (Please Note: Transcript from most recent school attended or copy of G.E.D. is required before classes start.)

Do you have any previous massage therapy education? If yes, please provide transcripts.

Have you had any previous training in fields associated with massage or holistic health?

Have you received professional bodywork? What type and how often? _____

Describe yourself: _____

Where did you first hear about our school? _____

Do you have any physical, mental or emotional limitations? If yes, please explain. _____

Do you have any health problems? Please list them and ALL medications you are taking.

Do you need any program modifications due to disabilities? _____

Have you ever been convicted of a misdemeanor or felony? If yes, please explain. _____

In case of emergency, whom should we contact? Name _____

Relationship _____ Phone _____

Character reference: Name _____

Relationship _____ Phone _____

Address _____

How do you plan to pay your tuition and living expenses during the school term? Please list all sources and amounts. _____

Do you plan to work while in school? If so, list employer, days and hours. Also list any other major time commitments you have while attending BSM. _____

I certify that I have read and understand the requirements regarding tuition payment and that all of the above statements are true.

Applicant's Signature _____ Date: _____

Signature of approving Administrator _____