



THAI-ISSAN MASSAGE ACADEMY MAE-3022

1281 S, King Street Honolulu, HI 96814

Tel (808)593-866 Fax (808)593-8035

Email: thaiissanusa@gmail.com

Website: www.thaiissanmassage.com

Application for Admission

Please print this form, fill it out and send to us. Please be sure to complete all of the information on this application. We will contact you to discuss your application and enrollment at Thai-Issan Massage Academy. If you have any questions, you may contact us at: (808)593-8866 or (808)354-2273. Mahalo!

Please email the form to: thaiissan.admissions@gmail.com

Full Name: _____

Address: _____

City: _____ **State** _____ **Zip code** _____

Best phone # to contact you: _____ **Other:** _____

What is the best time to reach you? _____

E-mail: _____

Date of Birth: ____/____/____ **Social Security:** ____-____-____

Marital Status: _____ **Spouse Name:** _____

U.S. Citizen? Yes _____ No _____ **Visa Status:** _____

Visa No. # _____

Place of Birth : _____ (City) _____ (State) _____
(Country) _____

Emergency Contact:

Full Name _____ **Relationship:** _____

Phone Number to contact: _____

Which start date are you applying for _____

How will you be paying for tuition? _____

Employment: Current profession: _____

Are you currently employed? Yes _____ No _____

Employer Name: _____

Address: _____

Educational Background:

High School	City, State, Country	Year of Graduation or GED
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College	City, State, Country	Year of Graduation
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Other Training	City, State, Country	Year of Graduation
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Describe your experience or training in any type of massage therapy or health care modalities?

What are your long term career plans?

Do you have any concerns about completing this program?

Do you have a current or recent illness or injuries (physical, mental, emotional) that would hinder your success from completion of the program?

Are you presently taking any medications that would in any way result in your inability to participate in the program as required?

Explain any habitual use of drugs, including alcohol, tobacco.

Thai-Issan Massage Academy reserves the right to require a physician's approval if it determine that any past or current injuries (physical, mental, emotional) would in any way hinder the student's successful program completion.

If you have served in the U.S... Armed Forces, give branch of service and approximate dates of military service: Branch: _____ Dates _____

Have you ever been convicted of a serious crime (felony)? If yes, please explain. (Please be advised some convictions may not permit licensure as a massage therapist.)

Character References: (Please sure to provide 3 References)

Full Name: _____

Contact: _____

Relationship: _____

How long have you known this person? _____

Full Name: _____

Contact: _____

Relationship: _____

How long have you known this person? _____

Full Name: _____

Contact: _____

Relationship: _____

How long have you known this person? _____

Where or how did you hear about Thai-Issan Massage Academy?

_____ **Sign** _____ **Yellow Pages** _____ **Friend/graduates** _____ **Internet**

Special Accommodations:

Student with special needs due to disability should advise the school prior to enrollment to assure that reasonable accommodations can be made to facilitate training. Please describe your needs.

Thai-Issan Massage Academy reserves the right to deny admission to any applicant who does not demonstrate the ability to benefit from the training program.

Thai-Issan Massage Academy does not discriminate on the basis of Race, Color, National Origin, Sex, Handicap or Age in employment, admissions or any of its educational programs or activities. As a condition of enrollment, in the Massage Therapy Program at Thai-Issan, students must be able to give and receive massage. Thai-Issan reserves the right to contact any or all of the individuals listed on this application. IF YOU ARE UNDER 18 YEARS OF AGE YOUR PARENT OR GUARDIAN MUST ALSO SIGN THIS APPLICATION.

The above information is true to the best of my knowledge:

Applicant's Signature: _____ **Date:** _____

Parent or Guardian Signature (if applicable): _____ **Date:** _____