



**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 Mail to:

Thai-Issan Massage Academy  
1281 S. King Street  
Honolulu, Hawaii 96814

**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

College City, State, Country Year of Graduation

Other Training City, State, Country Year of Graduation

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: \_\_\_\_\_**