

Application for Admission
Laurel Highlands Therapeutic Academy
Therapeutic Massage Program

Name: _____

Social Security Number: _____

Address: _____

E-mail: _____

Home phone: _____

Alternate phone: _____

Marital Status: _____

Date of Birth: _____

Education: _____ Diploma

_____ GED

Please list any additional education:

How did you hear about Laurel Highlands Therapeutic Academy?

_____ TV Commercial

_____ Radio

_____ Newspaper

_____ Person (for the student to receive referral credit, please specify: _____)

Submit this application with cash or check for \$50.00 to Laurel Highlands Therapeutic Academy. In submitting this form and payment, your spot for training will be held for 7 days while you research funding for tuition. At any point you can fill out the Enrollment Agreement, which will secure your place in the upcoming program.

I certify by my signature that the information provided on this application is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Flex

Full
Day
Evening