

STUDENT APPLICATION FORM

ALEXANDAR SCHOOL OF NATURAL THERAPEUTICS

4026 Pacific Avenue, Tacoma, WA 98418 253.473.1142 F. 253.473.3807 www.AlexandarMassgeSchool.com Email: Info@AlexandarMassageSchool.com

Personal Information: SSN: _____ City: Address: _ _____ State: _____ Zip: _____ Telephone # (Home): _____ (Work): _____ Date of Birth: **Email Address:** Emergency Contact Person: Relationship: Telephone #: **Educational Experience:** Level Completed: (circle attained levels) **High School** 8-9-10-11-12 **College** 1-2-3-4-BA-MA-PhD Professional/Vocational School: Other: **Employment:** Position: Employer: Address: Phone #: _____ How Long:

Please indicate:	Days (9am-1pm)	Nights (6pm-10pm)	
Classes Beginning:	March 🗌	September 🗹	Year		
This autobiographical	information wil .nd skills you ar nts you have. A	ll help us get to know re bringing to Alexan Il responses are conf	you better: what dar School of Na idential. Please s	n and detailed response. t your goals and objectives tural Therapeutics; and ubmit a high school	
Signature:			Date:		
Questions:					
 How did you of you choose to 	•	ıbout Alexandar Sch	ool of Natural Th	erapeutics and why did	
• Why have you	chosen to purs	ue a career in massag	ge therapy at this	time in your life?	
• What is your 6	experience with	massage and other fo	orms of bodywor	k and healing arts?	
	will be at Alex	enges? What have th andar School of Nat		st and what do you s, i.e. study, habits, testing,	
professionally	for any reason?	f physical and emotic Do you have any co pursue a career in m	ondition, which c	ou being treated ould affect participation in	

 * Graduation from High School or GED in the majority of cases is not necessary for massage licensure.