

Ocean County Massage Institute LLC

226 Route 37 West, Suite 6

Toms River, NJ 08755

Phone 732-286-0599

STUDENT APPLICATION

Name: _____

Today's Date: _____

Address: _____

Date of Birth: _____

Education:
(please provide diploma/GED)

Social Security Number: _____

High School Attended:

Telephone Number: _____

Current (or last) Employer:

Highest Grade Completed: _____

Position: _____

Did you either graduate or receive a
G.E.D.

Employed from: _____

_____ Yes _____ No

In Case of Emergency Notify:

College or Other Training Attended:

Name: _____

Address: _____

Years Attended and/or Highest
Degree

Telephone Number: _____

Relationship: _____

I would like to submit this application for enrollment in the 550 hour Massage Certification course. I understand that classes for this course will commence on _____. This course is scheduled from _____ providing a total of 6 instructional hours per diem. The course outline and syllabus will follow the outline and procedures described in the school's current bulletin. Upon satisfactory completion of this course, I will receive a Certificate of Achievement from the school.

There is a non-refundable application fee of \$25.00. PLEASE ENCLOSE YOUR APPLICATION FEE WITH THIS FORM. We will arrange for a personal interview after receipt of this form, at which time you will receive the school bulletin and registration form. This agreement is not binding until three (3) business days after signing by both parties.

(Applicant's signature)

(School Director's Signature)

Date: _____

CASH _____ CHECK _____ OTHER _____

PLEASE CHECK CLASS OF INTEREST DAY _____ - EVENING _____