

# Ocean County Massage Institute LLC

448 Lakehurst Rd. Suite 2A  
Toms River, NJ 08755  
Phone 732-286-0599

## STUDENT APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Current (or last) Employer:  
\_\_\_\_\_

Position: \_\_\_\_\_

Employed from: \_\_\_\_\_

In Case of Emergency Notify:  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Education:  
(please provide diploma/GED)

High School Attended:  
\_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

College or Other Training Attended:  
\_\_\_\_\_

Years Attended and/or Highest  
Degree

\_\_\_\_\_

I would like to submit this application for enrollment in the 600 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 YOU 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 \_\_\_\_\_