

Middle Georgia School of Massage, LLC

Admissions Application

Please answer all questions. We cannot process an incomplete application. Sign and return this application with a \$100 registration fee. A representative from our school will contact you as soon as we process your application.

Please print

Full Legal Name: _____ Maiden Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: (____) _____ Cell phone (____) _____

E-mail Address: _____ Best time to reach you: _____

Date of Birth: _____ Current Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone: (____) _____

List the names of all educational institutions, addresses, years attended and any degrees received.

High School:

College/Tech School:

Other training:

Signature: _____ Date: _____

Misrepresentation of information may result in denial of admission or expulsion.

Middle Georgia School of Massage, LLC does not discriminate on the basis of age, race, religion, gender, ethnic origin or sexual orientation.

Middle Georgia School of Massage, LLC

Acknowledgments & Schedules

I, _____, do hereby acknowledge that after I complete the course and receive my graduation certificate from Middle Georgia School of Massage that I will be, only then, eligible to take the MBLEx. Once the MBLEx is passed, only then, will I be eligible to APPLY to become a Licensed Massage Therapist in the State of Georgia. The Georgia Massage Therapy Board will perform a criminal background check as part of the State Licensing Procedure.

Signature: _____

Date: _____

I, _____, do hereby acknowledge receipt of the following schedules and deadlines for the class beginning January 10, 2023.

Open Registration for class starts September 1, 2022.

Deadline for turning in completed application packets is December 1, 2022.

The schedule for class 2 is:

Every Tuesday and Thursday 9:00 AM to 5:00 PM (one hour for lunch).

Saturday classes from 9:00 AM to 5:00 PM (one hour for lunch).

Student clinic hours will be announced one month prior to the start of the student clinic.

Signature: _____

Date: _____