

~ Application ~

Sedona School of Massage
2945 Southwest Dr, Sedona AZ. 86336

Please complete and return this application along with the following:

- \$50.00 application fee made payable to the Sedona School of Massage:
- copy of a high school, GED or college transcript:
- brief biographical sketch, explaining your motivation for training in massage and your philosophy of healthcare.
- recent photograph of yourself

Last Name		First Name		Middle Name	Date
Mailing Address		City	State	Zip	Area Code & Telephone
Birthdate	Male	Female	email address		

Semester Desired: Spring 2026 Fall 2026 Spring 2027 Fall 2027

How did you hear about our school?

In case of emergency, please contact:

Name		Relationship to student			
Mailing Address	City	State	Zip	Area Code & Telephone	

Education:

Name of High School		Address	Certificate or Degree
Name of College		Address	Certificate or Degree
Name of Technical or Vocational		Address	Certificate or Degree

Please list any previous experience or training in massage therapy:

Have you ever been convicted of a felony?

Yes No

Have you had any communicable diseases within the last two years?

Yes No

If yes, give details:

Are you currently taking any medications?

Yes No

If yes, please list:

Is there anything that would be helpful for us to know about your mental or physical condition while you are in massage school?

Please list two references (other than family members):

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Area Code and Telephone #

Area Code and Telephone #

I have completed this application to the best of my knowledge and I state that the information given is true and correct. I have also read the Sedona School of Massage policies as stated in this catalogue.

Signature of Applicant

Date

Signature of Parent or Guardian (if applicant is under age 18)

Date

Application Reviewed and Accepted by (school administrator)	Date