



Washington Spa Academy

Massage • Esthetics • Reflexology • Advanced Training

425-641-3409 www.WaSpaAcademy.com

Please provide the following information.

Course: Massage Reflexology Esthetics Transfer

Term: WINTER SPRING FALL

Session: AM Class 9 am – 2 pm

PM Class 5:30 pm – 10:30 pm

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Social Security#: _____

Driver's License/State ID #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

* By providing email address and cell phone, I am authorizing the school to contact me via these methods. _____ (Student Initials)

Race:

Alaskan Native

American Indian

Asian

African American

Non-Resident Alien

Hispanic (of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin).

Other

Pacific Islander

Unknown

Caucasian

Marital Status: Single Married Divorced Widowed

Number of Dependents _____

Gender: Female Male Transgender Other _____ Prefer Not to Say

Do you have a disability defined as a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, and working? Yes No

Have you served, but not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, National Guard, or the Coast Guard. Veteran: Yes No

Education Level:

- HS Diploma
- HS Transcript
- GED
- Bachelor's Degree
- Other

- Current HS Student
- Some Post Secondary
- Associate's Degree
- Doctoral Degree or above
- Prior education unknown

High School Grad Date: _____

If still in high school, what grade level are you currently in? _____

How Did You Hear About Us? _____

REFERENCES

Parent/Guardian

Name: _____

Address: _____

City: _____ State: _____

Phone: (____) _____ Zip: _____

Reference 2

Name: _____

Address: _____

City: _____ State: _____

Phone: (____) _____ Zip: _____

I, _____, hereby give authorization to release massage or esthetics educational records to FSMTB for the Massage & Bodywork Licensing Examination (MBLEx) or DLROOPE for NIC Esthetic Exams.

STUDENT SIGNATURE _____

STUDENT PRINTED NAME _____

PARENT SIGNATURE (if under 18) _____

DATE: _____