



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 BASTYR SUMMER INTENSIVE
- Session: Massage AM Class 9 am – 2 pm Bastyr Class Schedule
- Massage PM Class 5 pm – 10 pm Esthetics AM Class 10 am – 4 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:

- | | |
|--|---|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Non-Resident Alien | |
| <input type="checkbox"/> Hispanic (of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin). | |

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

Reference 2

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Phone: (____) _____ Zip: _____

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: _____