



Washington Spa Academy

Massage • Esthetics • Reflexology • Advanced Training

425-641-3409 www.WaSpaAcademy.com

Please provide the following information.

Course: ☐ Massage ☐ Esthetics ☐ Massage Transfer

Term: ☐ WINTER ☐ SPRING ☐ FALL ☐ BASTYR SUMMER INTENSIVE

Session: ☐ Massage AM Class 9 am – 2 pm ☐ Bastyr Class Schedule

☐ Massage PM Class 5 pm – 8 pm ☐ Esthetics AM Class 10 am – 4 pm

☐ Bilingual Massage 10 am – 4 pm ☐ Massage Transfer

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

☐ Other

☐ American Indian

☐ Pacific Islander

☐ Asian

☐ Unknown

☐ African American

☐ Caucasian

☐ Non-Resident Alien

☐ 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**

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 (MBLEEx) or DLROOPE for NIC Esthetic Exams.

**STUDENT SIGNATURE** \_\_\_\_\_

**STUDENT PRINTED NAME** \_\_\_\_\_

**PARENT SIGNATURE (if under 18)** \_\_\_\_\_

**DATE:** \_\_\_\_\_