

Student Application
School of Holistic Massage & Reflexology (SOHMAR)
515 Ogden Ave. Suite 300 Downers Grove, IL 60515 (630) 968-7827

Student Name _____ Social Security No. _____

Date of Birth _____ Email: _____

Address _____

City _____ St _____ Zip _____

Phones: (Home) _____ Work _____ Cell _____

Who should we contact in case of an emergency _____ PH _____

Cell Phone _____ Relationship _____

Education

High School _____ Year Graduated/or Recvd GED _____

City _____ St _____ Zip _____

Work Experience/Background

Present Employer _____

Address _____ Phone _____

Length of Employment _____ Position _____

Previous Employer _____

Address _____ Phone _____

Length of Employment _____ Position _____

Do you have a criminal background or ever been charged in a felony: Yes or No _____

Hobbies/Interests

Please state why you are interested in taking this course. _____

Reasons/Goals: _____

How did you find out about us? _____

If accepted into this program, how will you finance your education? _____

What other schools if any have you contacted? _____

I attest that the information I have provided on this application is correct and not falsified in any way and may be verified by the school through screening or background check.

Signature _____ Date _____