

# AKS MASSAGE SCHOOL

Applied Kinesthetic Studies

462 Herndon Parkway, Suite 208  
Herndon, Virginia 20170

## APPLICATION for ADMISSION

I am applying for <b>Fall</b> _____: evening classes _____ morning (if offered) _____ Year
I am applying for Spring (if offered) _____: evening classes _____ morning _____ Year
I have visited a class at AKS on (date/teacher): _____ Summer: <b>(if offered)</b> _____

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State & Zip

Telephone: \_\_\_\_\_  
Home Cellular Work

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Emergency contact—(name and telephone)

Reference: \_\_\_\_\_  
Name Telephone  
\_\_\_\_\_  
Street City State & Zip

Your reasons for taking a program in therapeutic massage and bodywork:

- \_\_\_\_\_ Career change
- \_\_\_\_\_ Continuing education for current job
- \_\_\_\_\_ Other, please explain: \_\_\_\_\_

Your reasons for choosing AKS Massage School:

- \_\_\_\_\_ Curriculum
- \_\_\_\_\_ Price
- \_\_\_\_\_ Philosophy
- \_\_\_\_\_ Convenient location
- \_\_\_\_\_ Recommendation of others
- \_\_\_\_\_ Other, please explain: \_\_\_\_\_

How did you learn about AKS? (internet-**which site**, Google, Holistic Junction, AMTA, ABMP, search engine?, referral by massage professional, medical professional, friend, holistic healthcare provider, etc.)

\_\_\_\_\_

(Please complete back of form.)

**Educational Background** (Check highest level attained):

**(AKS MUST RECEIVE AND KEEP ON FILE, documentation of education i.e. a copy of graduation certificate or transcript.)**

High School \_\_\_\_\_

Some college \_\_\_\_\_ Area of Emphasis: \_\_\_\_\_

Associate’s Degree \_\_\_\_\_ Area of Emphasis: \_\_\_\_\_

B.A./B.S. \_\_\_\_\_ Area of Emphasis: \_\_\_\_\_

M.A./M.S. \_\_\_\_\_ Area of Emphasis: \_\_\_\_\_

Other Degrees \_\_\_\_\_ Area of Emphasis: \_\_\_\_\_

Please list relevant courses you have taken, or certifications you have earned. Use a separate sheet if you need additional space.

Course/Certification	Year
_____	_____
_____	_____

Do you have concerns about your ability to perform therapeutic massage? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain: \_\_\_\_\_

**Affidavit & Signature**

By signing this application, I acknowledge the following:

- I have, to the best of my knowledge, provided information that is true and accurate.;
- I will provide documentation of my education;
- I will adhere to the ethical codes set forth by AKS Massage School for students of therapeutic massage therapy and bodywork;
- I do not have any medical/physical condition that might impact upon my ability to stand for long periods or to lift equipment over 30 pounds;
- I will abide by the dress code for AKS Massage School;
- My current employment allows full participation in scheduled classes and required hours;
- I understand that all instruction, materials, and tests are in English, and my command of English will allow me to successfully participate and complete the program; and
- I have included herewith the \$50 application fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date