



Student Application Form
Alexandar School of Natural Therapeutics

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Tacoma, Washington 98418
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253.473.3807
<http://www.secretsofisis.com>
Email: info@secretsofisis.com

Personal Information:

Name: _____ SSN: _____

Address: _____ City: _____

_____ State: _____ Zip: _____

Telephone # (Home): _____ (Work): _____

Date of Birth: _____

Emergency Contact Person: _____

Relationship: _____

Address: _____ Telephone #: _____

Educational Experience:

Level Completed: (circle attained levels)

High School 8-9-10-11-12 College 1-2-3-4-BA-MA-PhD

Professional/Vocational School: _____

Other: _____

Employment:

Employer: _____ Position: _____

Address: _____

How Long: _____ Phone #: _____



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Please indicate: _____ Days (9am-1pm) _____ Nights (6pm-10pm)

Below, is a series of Questions, several of which may require some reflection and detailed response. This autobiographical information will help us get to know you better: what your goals and objectives are; what knowledge and skills you are bringing to Alexandar School of Natural Therapeutics; and what interest and talents you have. All responses are confidential. Please submit a \$100.00 application fee with this form.

Signature: _____ **Date:** _____

Questions:

- How did you originally hear about Alexandar School of Natural Therapeutics and why did you choose to come here?
- Why have you chosen to pursue a career in massage therapy at this time in your life?
- What is your experience with massage and other forms of bodywork and healing arts?
- What are your learning challenges? What have they been in the past and what do you anticipate they will be at Alexandar School of Natural Therapeutics, i.e. study, habits, testing, time-management, etc?
- Describe your current state of physical and emotional health. Are you being treated professionally for any reason? Do you have any condition, which could affect participation in the program or your ability to pursue a career in massage therapy?