



Spectrum Center School of Massage

Mailing address:

PO Box 907
Lake Stevens, WA 98259-0907
425-334-5409
800-801-9457

School Location

12506 18th St NE #1
Lake Stevens WA 98258-9728
Email: spectrum@spectrumschool.com
Web Site: www.spectrumschool.com

For Office Use Only
<input type="checkbox"/> Interviewed
<input type="checkbox"/> Contract Signed
<input type="checkbox"/> Deposit paid
Payment plan
A B C D Other
<input type="checkbox"/> Morning class
<input type="checkbox"/> Evening class

Name _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Phone: (home) _____ (cell) _____

Education: Circle grade completed in each category.

High School: 1 2 3 4 College: 1 2 3 4 5

High School: Diploma Type: _____ School: _____

 Graduation Date: _____

College Degree: _____ School: _____

Professional, Vocational, or Graduate School Training: _____

EMPLOYMENT:

Employer: _____ Position: _____ How long: _____

IN CASE OF EMERGENCY:

Name _____ Address _____

Phone _____ Relationship _____

Signature

Date

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How were you referred to us? _____

Do you have any previous massage, bodywork or working medical experience? _____

How did you come to choose massage as a potential profession? _____

What are your professional goals, short- and long-term? _____

Tell us about yourself, your interests, attributes, hobbies, etc. _____

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Interviewed by: _____ Date: _____

Comments: _____

Section preference: _____

Admission accepted Yes No

Admission pending Yes No Terms: _____

If rejected, why? _____

Signature of interviewer