



RECEIVED BY SCHOOL ON THIS DATE:

Applying for:

- Spring (AM) Fall AM Fall PM

APPLICATION PLEASE TYPE OR PRINT CLEARLY

Complete the following steps to apply for enrollment:

- Submit this application, and:
 - Pay \$100 application fee (visit: <https://bit.ly/dpsom-application>, or scan the QR code)
 - Enclose a copy of a high school or college diploma or GED certificate OR an official high school or college transcript sent from the school. (college transcript must have a minimum of 60 credits)
- Register for and complete a Novice class. Date Completed _____
- Schedule and complete an admissions interview. Date Completed _____



Application Fee — \$100
<https://bit.ly/dpsom-application>

YOUR CONTACT INFORMATION

Name	SSN (last 4 digits)	Date of Birth
Pronouns	Phone	Email
Address		
City	State	Zip
Emergency Contact (Name, Phone Number, Relationship to you; Email or Address if space allows)		

YOUR EDUCATION

NAME OF HIGH SCHOOL / COLLEGE(S)	CITY AND STATE	DATES OF ATTENDANCE / GRADUATION

PAYMENT OPTIONS

Payment in full Half tuition (\$7,950), remainder in 11 equal payments 12 equal payments Other

Questions? Call 206.552.6523

APPLICATION CONTINUES ON THE FOLLOWING PAGE →

YOUR HISTORY

Are you currently employed? No Yes

Occupation: _____

Have you done community volunteer work in the past five years? No Yes (If yes: please provide organizations, dates, description)

Have you incurred serious or repeated disciplinary action or been dismissed, suspended or separated from a school in the past three years?

No Yes (If yes, please explain)

Have you been convicted of a felony or misdemeanor, other than traffic offenses? No Yes (If yes, please describe)

By signing below, you indicate that the information on this application is true and accurate to the best of your knowledge and that you have read and understand the catalog contents, which will become part of your agreement with the School. You also authorize Discoverypoint School of Massage or its designee to verify any and all information relating to your application, including but not limited to personal, employment, school, criminal, and financial information.

SIGNATURE: _____ DATE: _____

DISCOVER YOUR PATH. DISCOVER MASSAGE. DISCOVER YOURSELF.

* Email your completed application to: admissions@dpsom.com

Or mail your application and documents to our mailing address:

DISCOVERYPOINT SCHOOL OF MASSAGE
916 NE 65TH ST, SUITE A
SEATTLE WA 98115

Questions? Call 206.552.6523

