



Classic Touch
School of Therapeutic Massage

915 S. Durkin Drive, Suite B
Springfield, IL 62704
(217) 546-6605

Linda Burlison L.M.T.

APPLICATION FOR ADMISSION

Name _____ Male Female

Address _____ email _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Birth Date ____/____/____ Social Security Number _____

Occupation _____

EDUCATION HISTORY

High School _____ Grad. Date _____
(A transcript from your high school or copy of GED must be submitted with application)

College _____ Degree Earned _____
_____ Grad. Date _____

Have you ever been convicted of a felony? No Yes If yes, explain:

Do you have any health related problems that might interfere with performing proper massage techniques? No Yes If yes, explain:

Before admission to the school, an interview will be conducted between the applicant and at least one member of the Classic Touch school administration.

I certify that all of the above information is true and correct.

Applicant Signature _____ Date _____

Please submit \$150 registration fee with Application. Full refund if not accepted.