

**APPLICATION FOR ADMISSION**  
**JSG School of Massage Therapy – Dr. Jane Garofano**  
3 Ivy Road  
Tuxedo Park, New York 10987  
PH: 201-394-9200

1. Attach a small recent passport-type photograph (for student file)
2. PRINT or TYPE your application and send to JSG School of Massage Therapy

**NAME** \_\_\_\_\_  
*Last First M.I.*

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*Street*

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*City State Zip*

**SS#** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**EDUCATION:**

**Type of Diploma / Degree:**

Name of School/College \_\_\_\_\_

HS  RN  PT  PTA  Other

Month/Year Graduated \_\_\_\_\_

**CURRENT EMPLOYMENT:**

(\_\_\_\_) \_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Name of Company / Employer*

\_\_\_\_\_  
*Supervisor*

\_\_\_\_\_  
*Employer Address*

**SESSION APPLYING FOR**  
(Check one and enter year)

- Summer: beginning June
- Spring: beginning April
- Fall: beginning September
- Winter: beginning January